PHILADELPHIA MEDICAL TIMES.

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CLINICAL LECTURE

ON THE POST-OPERATION TREATMENT OF TUBERCULOUS PATIENTS.

BY PROF. VERNEUIL,
OF PARIS.

(Translated from advance sheets.)

AS a general rule, as soon as the mechanical part of their work is done, surgeons seem to think that their task is over; in doing this they err. In the first part of my work, "*Etudes sur la Tuberculose*," I spoke of the preparatory or pre-operation treatment of tuberculous patients who were to undergo surgical operations; and I then said that it was my intention to present some remarks on post-operation treatment of these patients at some future time. This is, after all, perhaps, more useful, if after the surgical success we wish a therapeutical one, which, if not always definitive, is at least for some time prolonged.

What I am about to say with regard to the value of special treatment of tuberculous patients, after a surgical operation has been performed, may not be very new; but, while all accept the principle, many fail to insist upon it with enough force, and few patients submit to it with sufficient perseverance, so that I feel called upon to insist with both patients and physicians on the absolute necessity of appropriate treatment after surgical operations upon all such cases.

It will be well to commence with a definition of what post-operation treatment means, because it is evident that all surgeons do not understand it in the same way. For pure operators—and unhappily they are very numerous,—this treatment means simply the usual dressings. From the moment the sutures are taken out, the last drain extracted and the wound closed, all is over for them. The curtain rises with their taking the bistoury in hand and falls as soon as the last bandage is taken off. So that, as soon as this is finished, often in from six to ten days, or even much less, they declare the patient cured. Thus you will find many such instances where cases have been reported as cured, even after patients have submitted to such operations as a resection of the knee, or an amputation for osteo-arthritis.

It may be that the patient has been subjected, before the operation, to pharmaceutical treatment, more or less complete, consisting of cod-liver oil, the iodides, phosphate of lime or sulphur baths, but the day he is operated upon all this medication is dropped. Is it

taken up again after the local cure is obtained? No. In the majority of cases, in proportion as the immediate operative success is good, do they neglect to prescribe medicines which seem to have become useless. If the patient is in a hospital and he wishes it, his discharge paper is signed with the more triumph when the sojourn has been short and the local cure rapid; or else he is kept just time enough to permit of an apparatus being applied to the part. Sometimes he is sent to a convalescent hospital, or is advised to go to the country awhile, or to take rest a certain time, and told not to overeat, and this is all.

When things do not go so well, which is not an unusual occurrence, and the union by first intention partially fails, and the drains remain in fistulous tracts, or the processes of repair languish, are slow, or stop altogether; when the parts that are not healed, take on the characteristic aspect of tuberculous ulceration and the dyscrasic symptoms that have been suspended by the surgical act, or rather hidden temporarily by the traumatism, re-appear in full force on the scene, they then may think of using a local and general anti-tubercular medication. Very often all fails now, as it did before the operation, because there is present a double morbid state, composed of a local lesion and a general malady. The man upon whom the operation was performed to-day was tuberculous yesterday and will be so to-morrow. The point of operation now more than before is his place of least resistance, and will most likely so continue. What do operators do now? Why, they take up their instruments and commence again. If the operation has been a radical one, and the knife has passed the suspected zone as, for instance, when an amputation in continuity has been performed after the failure of a resection, it is possible that they may obtain a local operative success, and even cause a halt in the constitutional malady; but here, again, if we think only of the present and not of the future, we shall sing victory prematurely, for if the right post-operation treatment is not instituted, in a few weeks, or a few months, or a few years, the patient comes back to you with some graver lesion, more and more profound, or with visceral lesions, in the first rank of which must be placed pulmonary phthisis.

I appeal to all surgeons of good faith to state if it is not as I say, in the majority of cases, at least in the great cities and among patients who are not well off. I ask them in how many in a hundred of their patients do they follow up and insist upon a consecutive treatment, and for how long this treatment is prescribed? I ask also, given a case of local tuberculosis which has been operated upon with success, but without any general therapeutic after-treatment, in what proportion they count *definite* cures in such cases, existing say for eight or ten years? Perhaps some have been more successful than myself, but I can state that I have seen almost all of the patients, upon whom I have performed operations at the hospital, die in the first or second periods of ten years afterwards, if they did not follow a post-operation treatment. On the other hand, I have seen permanent cures brought about in patients whom I have amputated, castrated, or resected for tubercular affections, and in whom a post-operation treatment was strictly followed.

I attach a great value to this form of medication after operations in such cases, and I will briefly say what it is. Like the pre-operation treatment it is essentially designed to combat the general malady. First of all, after any of these operations, care must be taken to apply good antiseptic dressings. On the very day of operation, unless there are particular contra-indications, the anti-diathetic treatment is commenced. It comprises both (1st.) medicinal agents, (2d.) hygienic measures. I pass rapidly over the first, which consists in the usual preparations of iodine, arsenic, sulphur, with cod-liver oil, phosphate of lime and so on; and as the rule any of these that seem to have an affect before the operations must be continued, only being temporarily suspended for the operation to take place. If iodoform is used on the wound, this medicine has the property sometimes of being rapidly absorbed, and passes

into the circulating current from there, and acts directly on the economy.

But I wish to speak more at length on the *hygiênic* measures. The most important of these consists in placing the patient in a pure medium or centre, one that is not at all contaminated or contaminated with difficulty; or, what would be better, in a curative centre. As regards tuberculosis, I understand by a pure medium one that does not contain any bacilli tuberculosis, and a curative medium must be one that has the power to destroy the aforesaid germs. When we operate in our private practice upon a tuberculous patient, who lives in the best part of the city, in a large, well-aired house, we think we are in the best possible conditions; and so indeed we are as far as the operation is concerned, as the wound will heal rapidly and there is no danger of septicæmia, etc.; but no matter how comfortable and clean this centre may be, it had no action on the tubercular diathesis that existed before the operation, so that it cannot be curative. It may be that it is also impure, as the persistance and resistance of tubercular germs is known to be great, and the very furniture, clothes, even the dust of the place may be infected by the patient who has lived there; so that the emigration of even the rich patient to another and purer locality seems indicated at once. It would seem that it was hardly worth while to move a tuberculous patient, who lived in the country, and is operated upon there; but, still, even if he is living in the woods or open fields, there are two distinct mediums as regards his case: one the room or house in which he has lived and most likely contaminated, and the other the rest of the town; and a removal even to a neighboring locality might be advisable. It is particularly for the inhabitant of the large cities and the poor hospital patient that a change of medium is needed, and it is just these cases that are difficult to provide for. The poor devil who leaves his garret to go to the hospital and after operation returns to his miserable home, only exchanges one unhealthy surrounding for one that is perhaps worse, and so he is never in a pure medium, and naturally the curative centre is impossible for this class, so that really nothing is left but medication, that is rarely prescribed and as rarely taken when given. If with this we think of the poor protection against the weather, and bad if not poisonous food, the results that are so deplorable in surgical operations on this class are readily understood. Are there any means of remedying this situation? Yes, I think there are, but the conditions are such that I fear that it will be long before they are adopted.

Every tuberculous patient of the town, who has to submit to an operation of any importance, should be transported, if not at once, at least soon afterwards, to a *pure centre*, and remain there a long time, if he does not stay for good.

Every tuberculous patient in the country ought to be operated upon in a house that is not infected by disease germs; that is to say, certainly not his own, unless it has been purified first. All such patients, who have been operated upon in cities, and in whom the cure of the surgical traumatism is delayed or fails, or even when the operation itself is successful, but the general malady continues, should emigrate to a pure centre or a curative one; and if such a patient has the happiness to see his malady arrested there, he should never return to the city, or, at least, remain away for months. In the same way a patient treated in the country, and whose wound does not heal rapidly, must remove to a better therapeutic, or curative, medium or centre. A countryman who has local tuberculosis, and is cured by operation, should remain where he has pure air, and never settle in a town. Again, a countryman who comes to live in a city and contracts the disease, and from which he is relieved by an operation, should return at once to his village, and not come back to the city where he was infected. If pure centres are useful in assuring durable surgical cures, then curative or therapeutic ones are more powerful still for good, not only by inhalation of pure air, but also by air charged with medicated principles and by their penetration into the respiratory tract, as well as the digestive and cutaneous ones. Such places are seaside resorts,

pine forests, sulphur springs, arsenical waters, salt springs, etc., etc. A few months at the seaside, a few weeks in the Pyrenees or in the Auvergne mountains and springs, can confirm surgical cures and restore health, but that the effects of such centres should last, the stay must be continued for a long time. Nothing is so imprudent as to permit the return of such patients to cities as soon as a suspension of the trouble is obtained. If such methods cannot be used, a great deal can be done by using merely pure centres, with the continued use of such medication as is reputed useful in such cases. All that I say of the benefits of such pure and curative stations can be seen and proved at the seaside hospital, established for tuberculous cases at Berck-sur-Mer, and in other thermal stations, and we hope to see many more such establishments created and rendered accessible to the poor in the future.

To sum up the means of success in post-operation treatment, we would say that first an effort should be made to render the blood parasiticide, and to modify as much as possible the humors of the body. If possible, a preparatory sojourn should also be had in a pure or a curative centre. Do the operation also, if possible, in a pure centre, or at least have the living centre purified. After operation, take up again the medication without delay, just as if it had not been stopped; in smaller doses if you will, but to be continued for a long time.

For certain cases, forms and degrees of surgical tuberculosis, the persistent residence or return to the impure centre where the disease was formed, will end in death, more or less certain even if delayed, but in every case inevitable. Emigration in these cases is a prime necessity. I could relate a large number of cases to prove what I have stated above. Experience has only confirmed my conviction of the truth of the position I took forty years ago, when I wrote an article on the return of local scrofula after amputation. I am convinced that operative interference *alone* is not sufficient to radically cure what we know now to be local tuberculosis.

ORIGINAL COMMUNICATIONS.

HAY-FEVER, WITH SOME NOTES ON PALLIATIVE TREATMENT.

BY WILLIAM M. CAPP, M. D.,
Of Philadelphia.

HAY-FEVER, popularly so-called, is essentially a neurosis, the distinctive characteristic of which is periodicity. At certain seasons there is a special liability to an exacerbation in those so unfortunate as to be subject to it. At any time, however, this may be induced if the patient be exposed to the exciting cause, which is not in all cases the same. Doubtless it is determined largely by personal idiosyncrasy; also for some individuals there are many exciting causes.

Many symptoms usually attributed to the disease do not, properly speaking, belong to it; though they may follow upon it and are commonly found to accompany it. It is they which cause most of the distress of the patient and from which he applies for relief.

There exists a hyper-sensitiveness of portions of the nervous system, more particularly the vagus, and of the complicated and many ramifying innervations in the Schneiderian membrane. There follows naturally hyperæsthesia of the mucous membrane and external skin, and a morbid exaltation of reflex action; also a slight elevation of temperature, a disturbance of the peripheral circulation and a general lowering of the tone of health. All these combined produce a subjective condition particularly favoring the induction of that acute state well described to the popular understanding when it is said one has taken cold.

When this almost inevitable catastrophe has occurred, all the usual, marked catarrhal symptoms come at a bound. A few sneezes of uncontrollable violence, followed at varied intervals by others equally irrepressible and all paroxysmal in nature, and the usual discomforts of the hay-fever sufferer are upon him. The cold which he caught will in a general way account for the main objective symptoms; but their development has been more speedy, widespread and severe owing to the

present periodic susceptibility of the system.

If the urgent desire to sneeze, which is a part of the primary condition and which comes in paroxysms, is yielded to and not suppressed, many of the violent inflammatory symptoms will develop in a similar manner. But if it is controlled, and if taking cold is avoided, it will be possible to preserve a large degree of comfort. In fact, in the intervals of the paroxysms he may be free from all discomfort, the intervals may be lengthened and the force of the paroxysms will lessen.

The most potent factor in causing the extreme violence of the syptoms is the racking, paroxysmal sneezing. To it is to be attributed the inflamed condition of the membranes of the nose, eyes, throat and bronchia, which in turn gives rise to pain, suffusion, hoarseness, feverishness and general systemic discomfort. If sneezing can be avoided this condition need not occur. When it occurs it reproduces and makes operative again its own cause, so that there is a complete circle of successive cause and effect which tells upon the whole organism and may continue to that point of exhaustion where nature reacts and the recuperative forces again exert themselves.

In treatment, primarily, of course prophylactic measures should be used. They should be instituted long before the usual time of the attack. If the cause can be determined and the patient put beyond its influence, naturally we would not expect a recurrence. If the attack is missed for a sufficient number of successively recurring periods, we might expect the suppression of the dyscrasia. We may fairly believe all this possible. Indeed, some claim to have accomplished it. Failing at this point, however, either from want of opportunity or other reason, efforts must be directed towards preventing the violent outbursts referred to. If they can be avoided the most distressing troubles do not follow, and the disturbances of the disease proper may be successfully controlled and kept in check.

The secondary aim then, in treatment, is to prevent the paroxysmal outbursts which culminate in violent sneezing. This accomplished, the primary condition will have a tendency to subside. Experience demonstrates that appropriate hygiene and medication will keep the disease in such check that it ceases to be a terror to its victim.

The patient should lead an outdoor life; be comfortably clothed with wool next the skin; use gentle exercise, but avoid free perspiration. Sunshine is beneficial if the weather is not too hot. Draughts of air are to be avoided, also sitting out of doors unless in sheltered situations, that is, if he usually leads an indoor life. He wants pure air, especially free from dust; and if it be found that plant emanations affect him, let him seek the seashore, or take a voyage by water to avoid them. Some of the islands quite out in the sea give immunity. He should maintain calmness of mind, avoiding all excitements and refrain, for the time, from intellectual efforts which require confinement and close application. On getting into bed, the chill from cold sheets must be avoided. Let him have wool sheets or wear light wool sleeping clothes over the whole person. Before rising in the morning the system is well fortified by sipping a cup of hot coffee; it enables him to rise and dress quickly without catching cold. A cold plunge-bath is grateful and braces the nerves, if it can be taken quickly and a thorough reactionary glow secured afterwards; but it should be taken in the after part of the day and followed by a meal, rather than in the early morning.

Diet is of the utmost importance, more particularly as regards the quantity of food taken and the frequency of the times of taking it. Of course, easily digested food must be preferred, as indigestion and skin affections are readily provoked. All bulky meals are to be avoided. Light meals supplemented by light lunches will secure the greatest comfort. Iced water, unless sipped in moderation, gives only trouble, and had better, with all other icy draughts, for the time, be ignored. During this whole period there is a special tendency towards digestive disturbances; and accumulations of gases or of undigested food in stomach and bowels, by causing irregular reflex

actions, may provoke paroxysms as certainly as street dust or pollen. Any other irritants in the alimentary tract would act similarly.

The medication should meet the indications as they arise more in the spirit of temporary relief than the adoption of a course of medicine extending through the whole period of attack. A little watchfulness will enable one to forestall an attack by detecting the direction from which it comes and warding it off. A laxative saline may occasionally be needed, and if so, it should be given a little in advance rather than a moment too late. If there is a sensible depression of the nervous system probably nothing will give more satisfactory results than strychnine; while quinine and phosphoric acid may at times be advantageously combined. A fairly large dose, repeated only when necessary, will answer better than a smaller dose in the usual manner continued through the whole period. By this method the system responds better to the medicine and does not so readily become tolerant of it.

Locally, ethyl iodide by inhalation proves to have satisfactory anti-spasmodic action. It should not be used until the peculiar uneasiness is felt in the nose and roof of the mouth, which announces a desire to sneeze. It is most effectively applied by inhaling through the nose and mouth alternately from a half-full, thin glass vial, which may be enclosed in the hand, the heat from which facilitates the vaporization of the liquid. If used at once, it will often abort an attack of sneezing.

Considering the extreme hyperæsthesia of the mucous membrane lining the air passages, it certainly seems unphilosophical to make local use of anything which implies violence in its application. All snuffs, douches, unguents and liquids syringed into the nostrils are intolerable in many cases; even a coarse spray impinging upon the surface irritates, gives pain and is quite likely to induce a spasm and sneezing. The most delicate manipulation is called for, more imperatively in some cases than in others. Probably the most effective application at command is cocaine hydrochlorate, in a two, four or five per cent. solution. In cases of extreme sensitiveness, it is delicately applied by inserting into the nostril a film of absorbent cotton, moistened with the solution. It may be allowed to remain, and gentle pressure of the patient's finger on the outside of the nose will better secure the wetting of sensitive surfaces within. This relates more especially to the middle and anterior sensitive areas described in the books. Usually one thorough application produces a sufficient degree of anæsthesia of the parts to give relief from the impending paroxysm, and produces for several hours an insensitiveness to ordinary provoking causes from without.

In general, probably the simplest way to apply the cocaine is from a pipette while the patient is recumbent, or holds the head well back. The liquid can be made to trickle slowly and gently over the sensitive surface in an unirritating manner. A fine spray may sometimes be made to answer, also, but is liable to be carried far beyond the sensitive surfaces, and result unpleasantly. If the solution is too strong, or if too much is used, it may produce violent headache. Care must be taken not to let it penetrate into the larynx or upon the epiglottis, as the local anæsthesia produced may allow the saliva or other swallowed material to find its way into the trachea and produce great distress. But cocaine should be applied only to meet indications, and never in a routine manner.

It is recognized that the treatment suggested will require more attention and watchfulness than can ordinarily be given by the physician to his patient; but intelligent patients may be taught how to treat themselves in the intervals of the physician's visit. In the case most in the mind of the writer, however, where physician and patient happened to be united in the same individual, this difficulty did not exist, and the gratifying results seemed to justify the preparation of this paper.

Accompanying the tingling or itching sensation in the soft and hard palate, which is the precursor of a paroxysm of sneezing, is an apparent anæmia of the mucous membrane of that locality. Doubtless the same condition

exists in the mucous membrane of the nose under similar circumstances, where there is also a sense of chilliness. In a few moments sneezing comes on, after which these membranes will be found to have lost their paleness and to have a congested appearance. The sneezing, however, may be aborted by anæsthetic measures referèd to above, or by stimulating applications such as inhalations of vapor of ammonia, applications of heat in vapor of water or otherwise. After the latter means have been used with success the membranes present a normal appearance. It seems plain that this anæmia is but the first stage of an inflammation which, if not aborted, will go on under the aggravation of unchecked spasms of sneezing, or a cold, through all the successive stages, until the graver symptoms usually seen in the worst sufferers from hay-fever are reached.

Recently, a distinguished London authority has again called attention to varix in the fauces and pharynx as an unrecognized cause of certain neuroses, and there can be but little doubt that this condition will be met with in many cases of the disease under discussion, probably often accompanied by a weak heart, attendant, at this period, upon the general depressed condition of the nervous system.

It is usually observed that the first decided frost gives immediate relief from all distinctively hay-fever symptoms. Their entire disappearance over night from such cause is one of the arguments used to favor their theory by those who hold that plant emanations are the cause of the trouble. It must not be overlooked, however, that there must first be recognized to exist a systemic condition capable of being affected by pollen; and, also, that any other direct irritation, at this period, of the sensitive areas, will produce all the effects attributed to pollen.

In closing this article the reader may be reminded that neither the cause nor any direct treatment for the cure of hay-fever has been under discussion. The paper may be considered as indicating that the disease under review is passive in nature rather than active; that its tendency to paroxysmal outbursts is to be met by abortive treatment; that this is palliative of the disease, and that the continued suppression and prevention of the paroxysms may eventually eradicate the disorder. In other words, it is to be looked upon as a *dyscrasia*, *i. e.* a bad habit of body, which has in it very strikingly the element of rhythmic periodicity—an element inherent in so many physiological and pathological phenomena. Avoiding the exercise of the habit will probably abolish it, as in the case of any other bad habit.

The palliative treatment suggested will prevent the graver discomforts which usually afflict the patient. The acutely inflammatory and catarrhal states may be avoided and thus a tolerably comfortable residence be rendered possible even in what are usually accounted unfavorable localities. Probably the strength of the argument lies in the fact that by the course indicated the ordinary train of catarrhal symptoms which follow one another in the well known order, are avoided, and that in the intervals of the paroxysms no symptoms whatever are apparent, and that the effusions, which come only at the time of the paroxysms, are confined to the nose, and never get beyond the first and watery stage; also the intervals between the paroxysms are lengthened and the force of the paroxysm itself is lessened.

A CASE OF LARYNGEAL STENOSIS WITH AUDIBLE ARTICULATION.

BY CARL SEILER, M.D.

Read before the Phila. German Med. Society, Oct., 1887.

IT would seem at first glance impossible for a patient with stenosis of the larynx, through which no air can pass, and whose vocal cords cannot vibrate, to articulate audibly even in a whisper; for, according to the definition of grammarians, articulate speech is composed of vowel sounds produced by the vibration of the vocal cords, and of consonants, which are noises produced by the more or less sudden interruption of the flow of breath through the upper air passages. A case, therefore, in which audible articulation, without any breath flowing

through the upper air passages on account of laryngeal stenosis, was observed, must necessarily be of interest, not only on account of its rarity, but also on account of the compensating possibilities of the organs. The case, a history of which I will relate, is however also of interest to the surgeon, because of its pathology and the happy result of the operation undertaken for the relief of the patient.

Case.—In the fall of 1881, Mrs. K. brought her little boy Daniel, aged three years, to me for examination on account of hoarseness which had existed, she told me, for more than a year. The child was well nourished and in good health. As the cause of the hoarseness the mother assigned severe cold when the child was about two years old. After some difficulty, I obtained a view of the larynx, and found a small papilloma apparently springing from the left vocal cord. As there was no difficulty in respiration and the tumor appeared pedunculated, also taking into account the extreme youth of the patient, I did not think a removal of the growth *per os* advisable at the time, and told the mother to wait until the child was older, or until dyspnœa set in, making an operation imperative.

I heard nothing more of the case until the summer of 1885, when Mrs. K. requested me to call and see her little boy. At the same time she told me that, about a year before, difficulty of breathing had set in, and at the solicitation of friends she had consulted a specialist, who had performed tracheotomy. Unfortunately abscesses had formed around the tracheal wound, and ulceration of the opening had supervened, which still persisted. No attempt had been made to remove the growth from the larynx, and the child breathed entirely through the tracheal tube. This state of things had existed so long that the parents had become dissatisfied with the medical attendant and had discharged him.

When I saw the child again I found him very much emaciated, nervous, and in great dread of being hurt, so that an examination of his throat was very difficult. I succeeded, however, and discovered the larynx to be completely filled with papillomatous growths; which astonished me the more as the boy articulated in a peculiar way, but in a voice sufficiently loud and distinct to be heard plainly across a good sized room. A closure of the tracheal tube at once brought on dyspnœa; on the other hand, the absence of moisture on the laryngeal mirror above, showed that no air passed through the larynx. On removal of the tracheal tube, I found the canal filled with granulations and the skin around the opening to be ulcerated. This condition of the canal (which, on account of thickness of the tissue over the trachea, was very long) did not allow of the introduction of a small mirror into the trachea, so that I could not get a view of the subglottic cavity.

By substituting a rubber tube of a slightly different bend, for the silver one, and by careful treatment of the ulcerations and granulations, a healthy cicatrix was soon formed; but even then I could not get a mirror into the trachea. At the same time I proceeded to remove the papilloma, *per os*, and succeeded in the course of three months, apparently, in freeing the upper laryngeal cavity from the growth. During this time, I had every opportunity to study the method of articulation adopted by the interesting little patient; and I found that he imitated the vowel sounds by attuning the oral cavity to the proper pitch for the vowel to be sounded, and by making a scraping noise with the side of the tongue against the lower teeth, forcing the air contained in the pharyngeal cavity past the obstruction. The self-sounding consonants, such as B, P, S, T, etc., he produced in a similar manner, viz: by forcing the air past the obstructions by a muscular effort of the tongue and the pharyngeal constrictors. The mute consonants, such as M, N, H, etc., he was, of course, not able to produce; but they were readily supplied by the ear of the listener, after a little practice. So proficient had he become in the use of his singular mode of articulation, that even strangers found no difficulty in understanding him; and his mother, to test his capability, at my suggestion, frequently sent him on errands to the stores and other places, which errands he executed invariably to her satisfaction. In literature I have not been able to find a similar case recorded, but remember having seen one in 1871, in the clinic of Prof.

Stoerk, in Vienna, in which a complete adhesion of the free edges of the vocal cords throughout their entire length caused the stenosis. In this case, also, there was audible articulation without air passing through the upper air passages. One of Prof. Stoerk's assistants, in order to verify the possibility of audible articulation without air, practiced this method and succeeded in doing so. To prove that no air passed through his larynx, he would inhale the smoke from a cigarette, none of which escaped while he was speaking.

After the upper laryngeal cavity had been cleared of papillomatous growth, a fenestrated trachea tube was substituted for the complete one worn by the patient heretofore, with the expectation that the air would pass through the larynx, but this expectation was not realized and only very little air passed —not sufficient for either respiration or articulation. This being the case, I finally decided to resort to an external operation, which was undertaken in the fall of 1886, with the assistance of my friend, Dr. Reeves, who administered the ether, and of Drs. Millick and Gibb.

The old tracheal wound being low down in the neck, I concluded that it would be best to open the trachea just above, and explore from thence upward. Unfortunately the child surreptitiously had eaten a variety of indigestible viands shortly before the time set for the operation, so that when the trachea had been bared, and before I could cut into it, he commenced to vomit, and showed such exhaustion that it was deemed imprudent to continue the operation. A dry dressing was therefore placed on the wound in the neck, and left there until the next day, when he was again placed under ether.

Without further difficulty an incision was made into the trachea about three-fourths of an inch above the insertion of the tube, and carried upward through the cricoid cartilage, leaving the crico-thyroid membrane intact. A separation of the edges of the wound disclosed the fact that the subglottic cavity was completely filled with a papillomatous growth, which I proceeded to remove with the forceps from below. In order to prevent injury to the vocal cords in the efforts at removal, I passed the index finger of the left hand through the mouth into the larynx, and was in this way enabled to direct the forceps by the sense of touch. After every vestige of tumor had been removed, I found on investigation an annular stricture of the trachea just above the tube, which had reduced the lumen of the trachea to about one-eighth of an inch, but allowed the passage of a dilator without much difficulty. This stricture had no doubt been produced by the ulceration after the first tracheotomy. Its walls being soft and yielding, I concluded that a permanent dilatation would cause absorption of the thickening, and I therefore removed the tracheal tube from the lower orifice and introduced it into the fresh wound through the stricture, in which position it acted both in the capacity of a permanent dilator and to give passage to the air.

The child recovered from the operation without any mishap, and was out of bed in less than a week. The tube, having a large fenestra, allowed the air to pass upward; and on the third day after the operation free respiration through the larynx was established. I allowed the tube to remain for four months, although its external opening was kept closed with a cork during most of that time. After the expiration of this period, the tube was removed and the external wound allowed to heal, which it did in a short time. The little patient gradually began to use his vocal cords and produce sounds, so that now he speaks as well as other children and has completely forgotten his make-shift method of articulation. I saw him only a few days ago, and found his larynx entirely free from papillomatous growths.

1346 Spruce St., Phila.

University Hospital.—Dr. Goodell exhibited a patient in whom an ovarian cyst had been diagnosticated; but, upon operation, ascites was found. In this case there was dulness anteriorly over the abdomen, instead of the usual tympanitic note; because the intestines were prevented from floating by adhesions.

THE VALUE OF NITROGLYCERINE IN TINNITUS AURIUM.

(Presented at the Meeting of the Otological Section in the International Medical Congress at Washington, Sept. 9th, 1887.)

BY LOUIS J. LAUTENBACH, M. D., PH. D.,

Assistant-Surgeon to the Pennsylvania Eye and Ear Infirmary, Philadelphia.

AFTER the usual experience in ear-work and a gradual accumulation of unimproving cases of tinnitus aurium, I began to study the general effects of nitroglycerine, and to use it in these cases. It had been used by others in tinnitus, both with and without success; but I knew of no way of recognizing the cases in which it would be most likely to prove serviceable. In order to learn when to use it, I began to give it in private practice to all cases of tinnitus in which I had found no improvement under other treatment, and in public practice in all cases of tinnitus. In some cases there was improvement; in others there was none.

In the patients where improvement had occured there was found to be present a similarity of conditions, and I soon satisfied myself that there was a class of patients in which the nitroglycerine treatment was valuable. I found it most serviceable in patients having the tinnitus aurium, without much impairment of hearing, and where but little change had occurred in the naso-pharynx, and where it was found on examination that some abnormal condition of the heart existed, either functional or organic.

In many of these cases, more or less structural changes from catarrhal inflammation of the midde ear were present; among them change in the shape and translucency of the drum-head, with accompanying change in appearance or position of the triangular light spot.

Follicular pharyngitis was present in some of the cases. The tinnitus was generally constant, or nearly so. It was not, as a rule, more marked when the patient was in a recumbent position; occasionly there was some remission in that position. The thermometric and barometric conditions of the atmosphere influenced the tinnitus. Damp weather, with low barometer, usually increased it. Dull, heavy headache more or less persistent, and most frequently located in the parietal regions, though sometimes located in the frontal region, was of frequent occurrence. In these cases I used the nitroglycerine in pill form, and in doses of one-hundredth of a grain. At first but one pill a day was given, generally in the morning. The amount given, later, was increased, enough of the pills being given to diminish the tinnitus, or to cause headache. As many as six of these pills were given in a day, though, usually, two were found to produce a beneficial effect. Improvement sometimes was manifest within a day or two after beginning the use of the remedy. In cases of long standing, the remedy was sometimes continued for a period varying from one to three months before a satisfactory result was obtained. Cases in which there was recurrence of the tinnitus seemed to yield more readily on resuming the treatment than when the remedy was first administered. The conclusion which I reached, after a fair trial of this remedy, was that it is of value in certain cases of tinnitus aurium — especially in those where cardiac lesion exists, functional or organic, and where there is little or no loss of hearing.

N. W. Cor. 6th & Green Sts, Philadelphia.

CLINICAL NOTES.

HERPES ZOSTER.—For a case of herpes zoster, Prof. Shoemaker prescribed:

℞ Tincturæ ferri chloridi....gtt. xv
Potassii chloratis.....gr. v M.
Sig.—Three times a day.

AN EXPEDIENT FOR PARAPHIMOSIS.—In cases of paraphimosis, where it is very difficult to return the prepuce, Dr. McConnell freely uses the "therapeutic touch" with a very fine bistoury, making punctures in the swollen part, and, by thus letting out the exudation, he rarely has much trouble to draw the prepuce over the glans.

MYALGIA.—Prof. Waugh recommends this prescription in acute myalgia:

℞ Extracti belladonnæ..... gr. ½
Ammonii chloridi.....gr. xx M.
Sig.—Give as a dose three times a day.

SYCOSIS MENTI. — Prof. Shoemaker prescribed for a case of sycosis: Washing with *sapo viridis* twice a week the following ointment:

℞ Oleati plumbi.....ʒ j
Olei cadini.....gtt. xv
Lanolini.....ʒ j M.
And internally, Donovan's solution, gtt. x, three times a day.

GONORRHŒAL RHEUMATISM.—For the exuadtion of lymph in cases of gonorrhœal rheumatism, Dr. McConnell uses the wet compress; and he prepares it in this manner: Wet two large sponges, put them under a letter-press, flatten, and let them get dry. Then apply one on each side of the affected part, and fasten with a roller bandage. Now cut a hole in the bandage and pour in hot water.

VOMITING OF PREGNANCY.—Prof. Stewart has found oxalate of cerium, gr. ij, before meals, to be the best general prescription for the sickness of pregnancy. Where the sickness is alarming, he often gets good results from bromide of soda, gr. xxx, every two or three hours. The latter preparation he also considers of great use in sea-sickness.

CHRONIC GASTRITIS.—For a case of chronic gastric catarrh, Prof. Waugh gave the following treatment: One hour before each meal take ten grains of carbonate of potassium in a cup of hot water; and just before each meal:

℞ Zinci oxidi.....gr. ij
Argenti oxidi.....gr. ½ M.

CHROMIC ACID FOR EPISTAXIS.—In cases of persistent and dangerous epistaxis try chromic acid. First put enough in to give the water a slight pinkish tinge, and if this is not sufficient increase the strength of the solution, and employ it as a wash till the hemorrhage is stopped. Prof. Waugh lately recalled two cases of diphtheritic epistaxis cured by this means which would otherwise have died, having resisted all treatment until he tried chromic acid.

FŒCAL OBSTRUCTION.—To break up large fœcal masses and secure an evacuation of the bowels, Prof. Woodbury advises magnesii sulphas, gr. xx, every two hours, with irrigation of the bowels by warm soap suds, through a rectal tube. If there is defective innervation, he also employs Faradism. A digital examination should not be neglected.

VOMITING OF PREGNANCY.—In one of his lectures, Prof. Woodbury said that often the best way to treat the persistent sickness of pregnancy was to make some application to the *os uteri*, and inform the husband that it was terribly caustic in its action, and the dressings must on no account be disturbed during the continuation of the treatment.

CARE OF THE HAIR.—To keep the scalp in good condition, it should be washed with an unirritating soap once or twice a week, and afterwards rubbed with a coarse towel. To prevent loss of hair, applications of oil of ergot are good, with or without oil of eucalyptus; or of preparations containing naphthol or tannate of quinine; or the fluid extract of soap bark. PROF. SHOEMAKER.

FROM THE DERMATOLOGICAL CLINIC.—For chronic eczema on inner part of thigh, Prof. Shoemaker ordered strychnine. If it produce no impression, then he would give hoang-nan; also use soap for its stimulating and cleansing effect.

Locally he ordered:

℞ Ext. erythroxyli fid.....f ʒ j
Bismuth subnit.....ʒ ij
Boro-glyceridi (50 per cent.) f ʒ iij
Aquæ calcis.....f ʒ ij M.
Sig.—Use on affected part.

Prof. Shoemaker considers arsenic in combination with mercury and iodide of potassium a valuable and happy addition for the treatment of tertiary syphilis; and for the eruptions of this stage he applied locally on a patient at his clinic:

℞ Calomel.....gr. x
Camphor.....℈ j
Cerat. plumbi subacet.....ʒ ij
Ung. zinci oxidi.....ʒ ss M.
Sig.—Use locally.

For a girl, twelve years of age, suffering with lupus, he ordered:

℞ Syr. phosphatum comp.....ʒ iss
Syr. malt.....ʒ ij M.
Sig.—Teaspoonful three times daily.

℞ Oleati hydrargyri.....ʒ ij
Olei cadini.....ʒ ss
Ung. zinci ox.....ʒ j M.
Sig.—Locally.

INTERMITTENT FEVER.—Dr. Vogler (German Hospital) recommends for the constipation in intermittent fever, a powder consisting of calomel, gr. iv, ipecac, gr. j, bicarbonate of soda, gr. xxiv, aromatic powder, gr. xij. Divide into powders, xii; give them as necessary. After the sweating stage is over, he gives a pill of quinine, gr. iss, capsicum, carbonate of iron, and nux vomica, āā gr. ss, oil of cloves, q. s. Give one pill 4 or 5 times a day.

For the enlargement of the spleen, he uses the biniodide of mercury ointment, and rubs the abdomen with this every other day, for about 10 or 12 days, especially over the spleen.

DR. WHITE related a case in which there was an abrasion on the penis a day after connection, which was thought to be benignant, because the initial lesion of syphilis never appears so soon, but in which the characteristic lesion appeared on the abrasion at the end of three weeks.

AT THE UNIVERSITY HOSPITAL.—Dr. Goodell exhibited a large dermoid cyst, containing bones, teeth, hair, etc., which was removed from a patient while operating for ovarian cyst. The latter, which was strangulated by twisting of its pedicle, and was already becoming discolored, would, in his opinion, have burst and set up fatal peritonitis in a few days had not the operation been promptly performed.

In whitlow, Dr. Agnew claims that the finger should be opened down to the bone without waiting for suppuration to occur, as then it is often too late to save the tendons. He exhibited a case in which this was not done, and the flexor tendons were so injured that amputation was necessary to render the hand useful.

AT THE PHILADELPHIA HOSPITAL.—In a case in which amputation of the cervix was thought inadvisable because of the extent of the disease, Dr. Parish curetted a large, fungoid, carcinomatous growth from the cervix uteri. He recommended and used vinegar to control the hemorrhage, which was not as profuse as usual, and packed the vagina with iodoform gauze.

DR. OSLER, at the Philadelphia Hospital, December 14th, 1887, laid particular stress on the fact that under ordinary circumstances the pulmonary second sound is of less intensity than the aortic, but when forced inspiration is made and the breath held, in a state of health, or in cases of mitral stenosis or regurgitation, the pulmonary sound preponderates.

Dr. Osler claims that for one case of heart murmur, due to aortic stenosis, we have twenty of murmurs from other causes, the most frequent being atheroma, either of the valves or the ascending aorta. He advises that in all doubtful cases the murmur be forgotten entirely; and that the other heart symptoms, with the general condition of the patient, be taken as the guide to prognosis.

IN cases of retention of urine from stricture, when the symptoms are not too alarming, Dr. White says that he does perineal section much less frequently than formerly, but, instead, introduces a filiform bougie, which usually relaxes the stricture sufficiently for the urine to flow. He then uses gradual dilatation or internal urethrotomy, according to the circumstances of the patient.

DR. GOODELL claims that ovarian cysts are rarely found in the full-blooded negress, but that the nearer a mulatto approaches the white the more liable she is to this affection; on the other hand, fibroid tumors are very common in the black race.

AT THE UNIVERSITY HOSPITAL.—Dr. Agnew presented a case in which he had trephined the skull for epileptic attacks of thirteen years' standing, with three to four seizures a week. Although the operation was done over a year ago, the man has had but two seizures since, one brought on by prolonged exposure to the sun, the other by acting as mediator in a fight.

FOR STRAPPING ECZEMATOUS ULCERS.—Dr. Porter always dips the adhesive strips in warm water, claiming that by so doing the plaster is rendered less irritating and adapts itself more neatly to the parts. He prefers this method to dry heat in all ulcers, and wherever adhesive plaster is used.

VARICOCELE. — Dr. Porter believes that attention to the bowels, wearing a suspensory, and cold to the testicles, will relieve most cases of varicocele, but thinks that on account of the frequent morbid mental condition of the patient, it is often better to operate. In operating he prefers ligation over a lead button.

IDIOCY.—Dr. Pepper showed a girl, aged 10, who, since birth, had been unable to walk, speak, or control muscular action. The only encouraging symptoms were partial ability to hear and comprehend questions, and ability to articulate "egg" and "mamma," the latter word having been learned in the past year. He gave a very unfavorable prognosis, but recommended electricity, massage, and systematic education, as long as there was hope of improvement.

BILIARY CALCULI.—In a case of high fever during an attack of biliary calculi, Dr. Pepper succeeded in reducing the temperature from 105⅘° to 103⅘°, and keeping it there, by one five grain dose of antipyrine. The patient had a history of repeated attacks for one year past, and for four days before death did not secrete a drop of urine. On post mortem he found fatty degeneration of the liver and kidneys, three calculi in the gall bladder, and one at the duodenal orifice of the common bile duct, with some bile behind it.

PEDDLING AND PRESCRIBING GLASSES. —Drs. Fox and Gould have recently made a very timely and sensible plea for a law restraining peddlers, jewelers and opticians from prescribing glasses. They cite many cases of injury, often permanent, to eyes from errors due to ignorance, and claim that such "opticians" should be as much under legal restraint as druggists.

AT THE PHILADELPHIA HOSPITAL recently, DR. C. K. MILLS illustrated a variety of body movements, combined with deep breathing, for the treatment of paralysis, chorea, atony of the muscles, and melancholia. One case of a man, with incessant spasmodic movements of the head, arms, and legs, evidenced considerable improvement from large doses of conium.

UNIVERSITY HOSPITAL.—Dr. Pepper exhibited a case of lumbago of 18 years standing, complicated some years ago by an injury to the foot, with severe wrenching of the affected leg. He recommended tonic treatment for a time, followed by hypodermics of atropia or cocaine, the actual cautery along the nerve, the slowly interrupted galvanic current, massage, and as the sciatica is probably of rheumatic origin, the salicylates of soda and cinchonidia.

TREATMENT OF APOPLEXY WITH HEMIPLEGIA.—Dr. Vogler, at the German Hospital, showed a case of hemiplegia, due to apoplexy, with loss of motion on the left side. The arm was more involved than the leg. The patient had not felt well for some weeks before the attack came on, complaining of headache and vomiting. Two weeks ago, while reading, the patient fell on the floor unconscious, and was admitted to the hospital two days after the attack. He had loss of power of speech as well as of motion. The patient has recovered speech and partial motion; sensation has returned almost entirely. He was put upon iodide of potassium and the fluid extract of hyoscyamus, with wet cups along the spine.

If the growth of the finger nails is retarded in hemiplegia, and if later they start to grow again, it is a symptom of returning nutrition. In chronic forms of hemiplegia, setons are sometimes used with advantage. Strychnine, massage and electricity are also of great value. Stiffness of the muscles is sometimes a symptom of impending apoplexy.

OSTEOTOMY FOR GENU-VALGUS.—Dr. Deaver performed, on a boy, osteotomy by the subcutaneous method for genu-valgus. He made an incision about half an inch above the tubercle, and inserted the osteotome before withdrawing the knife, and cut the femur at right angles from below upwards, so as not to injure the artery.

He never uses an Esmarch or any other bandage for osteotomy or excision of joints, because hæmorrhage is slight, and it lessens engorgement of the capillaries after the operation, and thereby the danger of secondary hæmorrhage.

Dr. Deaver showed this case of osteotomy of the femur by the subcutaneous method at his next clinic. Patient is doing well; temperature was never higher than 99.7° on the second day after operation; since then normal.

Dr. Deaver also operated on a woman with a lipoma on the posterior side of the axilla; he made the incision from above downwards, and obliquely outwards, so as not to injure the axillary artery.

He claims that there is no need for a drainage tube, where the deep fascia is not injured, because absorption into the deeper tissue cannot take place.

To secure union by first intention, he advocates ligation of all the bleeding vessels with catgut, to prevent secondary hæmorrhage and diffusion in the cellular tissue.

CORRECTION.—The prescription on page 171, of the TIMES of Dec. 15th, for corneal inflammation, should read:

Iodoformi.....gr. iij
Lanolini.....℥ j M.

On the same page, under the head of Ophthalmia Neonatorum, the applications should read: Boric acid, gr. x. to f℥j, and nitrate of silver, gr. ½ to f℥j.

TRANSLATIONS.

MASSAGE DURING PARTURITION.—In parturition, we obtain from massage four results. We excite the contractions of the uterus, rectify vicious positions, favor delivery by the process known as "expression," and arrest hemorrhages.—*Dujardin-Beaumetz.*

CORROSIVE SUBLIMATE IN THE TREATMENT OF GRANULAR CONJUNCTIVITIS.—Passing over the yet unsettled question whether granular conjunctivitis is to be attributed to parasitic origin or ascribed to some inflammatory causes, Cipriani has laid down some important conclusions, drawn from the very good results obtained clinically from the use of corrosive sublimate as a remedy in the treatment. These conclusions may be classified as follows:

1. Under the action of a solution of corrosive sublimate ($\frac{1}{2000}$) in pulverizations, in acute as well as in chronic conjunctivitis, the conjunctival secretion diminishes rapidly, and disappears at the same time that the hyperæmia decreases, more slowly in the chronic form, but always more rapidly than under the influences of a solution of nitrate of silver.

2. Simple phlyctenulæ disappear more rapidly by the use of sublimate than by that of calomel.

3. In trachoma complicated by any acute or chronic inflammation, not only a diminution or even disappearance of the hyperæmia, but also a decrease in the quantity of follicular granulations have been noticed.

4. In all cases of acute conjunctivitis, when nitrate of silver is contraindicated, instead of cold and abstraction of blood, we should employ weak solutions of sublimate in pulverizations or lotions, by means of a syringe. Such a treatment can produce a quick recovery, when the nitrate of silver cannot be employed.

5. In chronic conjunctivitis as well as in *conjunctivitis blennorrhagica* in its second stage, the mixed treatment of nitrate of silver and corrosive sublimate gives a far better result than the nitrate of silver alone.

6. The use of a weak solution of corrosive sublimate, in the form of pulverization, gives very good results as a prophylactic against the so-called conjunctivitis blenorrhagica neonatorum.

The said lotions act differently according to the state or condition of the disease, and according to the stage of its evolution.

If these lotions cannot be borne by the patient in such a case, a weaker solution of sublimate will do very well, provided the lotion be immediately followed by application of cold water to the eye. A few drops of collyrium of nitrate of silver should be injected into the eye, instead of repeating the lotion in the evening, and the same thing should be done in case there are any complications of the cornea.—*Giornale Medico di Roma.*

PROPAGATION OF TYPHOID FEVER BY FOMITES.—Gelan (*Deutsche Militar-aertzt. Zeitschrift*, 1887, Heft 6) contributes the following to the *ætiology of typhoid fever:* During the years from 1873 to 1884, 146 men of the Second Hanover Field Artillery, 26th regiment average strength 353 men,

suffered from typhoid fever, besides twenty-one men of abortive forms of typhoid; therefore, on an average, 16 per annum, or 45.30 per cent. Chemical analysis of the drinking water proved that it was not deleterious. The continuance of the disease was then referred to endemic influences, or foul exhalations from the soil; but though changes and repairs were made to remedy this, in 1882 four deaths occurred. The second battery, among whom the largest proportion of sickness and death happened, was now removed to a part of the barracks hitherto enjoying complete immunity, but this removal simply proved that the typhoid followed this battery, new cases constantly recurring.

The suspicion now arose that the clothing might be the carrier of the infection. This suspicion was increased by the fact that the patients had used the bedding and clothing of previous patients, which had been disinfected simply by the use of sulphur. A closer examination revealed the fact that the shirts and drawers, hardly without exception, were soiled with dried fecal matter, and particularly the inner lining of the cavalry pants. It may be presumed that through brushing, heating, etc., the germs were thus set free, and acted as the infection.

A thorough cleansing and disinfection of all clothing, by means of chlorine gas and the application of a high degree of heat, was followed by a complete cessation of the typhoid endemic. Only three cases of infection occurred shortly thereafter, which are ascribed to the cleansing of the wash of patients.—*Centralblatt fuer Bacteriologie und Parasitenkunde.*

THE THERAPEUTIC USE OF RAW MEAT.—DUJARDIN-BEAUMETZ AND YVON.—In regard to nutritious quality, goat-flesh and horse-flesh occupy the first rank. The degree of digestibility of meat depends upon its state of cohesiveness; the flesh of the younger is more digestible than that of the old animal. The digestibility of those kinds of meat is the greater which can be eaten in the raw, or pulverized state, or as conserve.

It is best to eat only mutton in the raw state, because beef may easily contain the cysticercus of tænia. It may be administered in various ways, and is prepared by scraping with a knife or finely mincing it. Among the culinary preparations are specially to be noted: beaten egg with raw meat; artichoke purée or spinage with the same; soup consisting of 25–50 parts of flesh pulp and tapioca.

To the pharmaceutical preparations belong especially the *conserves*, the *emulsions* and the *marmalades*.

Meat conserve, after *Adrian:*

Filet du bœuf	60.00*
Sea-salt	1.00
Frozen fruit	500.00

Emulsion, after *Yvon:*

Raw meat	50.00
Sweet almonds	15.00
Bitter almonds	1.00
Sugar	16.00

Mix them up in a mortar, and add the necessary amount of water to make an emulsion.

Meat marmalade, after *Lailler:*

Raw meat in fine pulp	100.00
Pulverized sugar	40.00
Wine (fine quality)	20.00
Tincture of cinnamon	3.00

The most important indications for these preparations occur in patients suffering from consumption, chronic diarrhœa and the like.

Pulverized meat, when dried at a temperature below 100° C., may easily be reduced to a powder. In order to know that this powder is good, it is necessary that, under the microscope, the muscular fibres may still be seen. If, however, many bacteria are present it must be regarded as harmful. Pulverized meat is best administered mixed with other nutrient materials. Riforma Medica, No. 247, 1887.—*Internat. Klin. Rundshau.*

DEBOUE recommends tannic acid in the treatment of inflammations, acute and chronic, serous and mucous, and in some ovarian cysts. The dose is from ten grains to two or three drachms a day. The action of the drug is quickly manifested. Constipation is relieved, the appetite is restored, and the perspiration and urine increased. The drug must be of good quality; the yellowish or greenish yellow being preferred, but not the reddish.

* Parts by weight.

BRIGHT'S DISEASE AFTER SCARLET FEVER.—T. Hase, in a contribution on this subject (Jahrb. f. Kinderheilkd., 26 Bd., S. 341) remarks as follows:—

Among 875 scarlatina patients, 138 (17.70 per cent.) were seized with nephritis. Therapeutically the results were brilliant. The treatment consisted of milk diet, warm baths (29°—30° R.), followed by warm packs and the administration of black coffee. The following prescription was ordered:

℞ Sodii bicarb .....
Sodii sulphat .....
Tinct. convallar. maj. āāā 4.00 .. f℥ j
Aquæ destillat. ..... 90.00 .. f℥ iij
M. S.—6 to eight teaspoonfuls daily.

With pyrexia, antipyrin; with continuing diminution of the urinary secretion, calomel (gr. j to gr. iij per dose); with eclampsia, enemata of chloral hydrate, or chloroform narcosis, and along with this, as stimulants, musk and ether. Should the urine become very bloody, ergot with nitric acid or ol. martis (liquor ferri sesquichlor.) is ordered. Astringents, and notably tannin or sodium tannate concludes the treatment.—*Centralblt f. Kindhlkd.*

ÆTIOLOGY AND CLINICAL BACTERIOLOGY OF WHOOPING COUGH.—M. Affanassieff prepared, with all the precautions for microscopic investigation, a small portion of the expectoration of a whooping cough patient, which showed (magnified 700–1000 times) large numbers of short rod bacteria of 0.06 to 2.2 mm. in length; in part singly, partly by twos, or in longer chains. On account of their totally different appearance from all bacteria thus far known, he made plate cultures with them, planting a particle of the sputum upon jelly of beef-peptone and beef-peptone-agar-agar, of each two plates. After two to three days there appeared upon all the plates numerous, almost similar, colonies of bacteria; round or oval light-brown colonies with smooth borders, which did not liquefy the jelly; round, with slightly toothed borders, quite black colonies; large pale colored ones, consisting of short thick rods; and round colonies with jagged border and brown centre, constituting one round, large coccus. In the first named colonies were to be seen, through the microscope, pure cultures of the above-described bacterium, which the investigator, after a careful comparison with all bacteria thus far kown, was constrained to recognize as a bacterium *sui generis*, and inasmuch as cultures derived from the expectoration of still other whooping cough patients furnished exactly the same bacterioscopic result, these pure cultures of the rod bacterium were now transplanted upon various culture soils. This rod bacterium grows very rapidly in d'Arsonval's thermostat at the ordinary temperature of the room (37° to 38° C.). It does not at all liquefy the culture soil, and flourishes the most rapidly and numerously upon the potato and upon beef-peptone-agar. Upon the second day already is here to be seen a distinct pellicle, at first of a transparent gray, later on becoming perfectly white. Similar is the pellicle upon sterilized blood-serum, only that here it does not spread out far, but remains stationary at a certain stage of its growth. Upon the potato the pellicle is yellowish and shiny, but later on brown and quite dense. Upon jelly the microbe grows slowly, the pellicle here, too, is thinner, gray, with a rough surface and irregular borders, which by the eighth and ninth day are strongly toothed.

With pure cultures of these rod bacteria, the investigator has made eighteen experimental inoculations upon animals. A solution of this culture upon agar-agar at least eight days old, and 1 to 2 c. c. of common salt was made and injected into the windpipe or lungs of dogs and rabbits—of course, under antiseptic precautions. The animals all contracted a disease similar to whooping cough, often complicated with broncho-pneumonia; several died, and section showed that the mucous membranes of the bronchi, the trachea and even of the nose, are the chief seat of the injected bacteria. This same bacterium was found in the lungs and respiratory mucous membranes of children who died of whooping cough, so that the author considers this bacterium to be the true cause of whooping cough, and names it the *bacillus tussis convulsivæ*.

As to therapy the author has nothing new to say.—*Central. für Kindhlkd.*

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, JAN. 1, 1888.

EDITORIAL.

INSANITY FOLLOWING THE USE OF ANÆSTHETICS IN OPERATIONS.

DR. GEORGE H. SAVAGE, in a paper read before the British Medical Association (*Brit. Med. Journ.*), treats of a topic which, so far as we are aware, is new to American readers.

He lays down the following propositions:

"Any cause which will give rise to delirium may set up a more chronic form of mental disorder quite apart from any febrile disturbance. (*a*) The most common form of mental disorder which comes on in such cases is of the type of acute delirious mania; (*b*) though such mental disorder is generally of a temporary character, it may pass into chronic weak-mindedness, or into (*c*) progressive dementia which cannot be distinguished from general paralysis of the insane."

In the first group are found instances of insanity following alcoholic excesses, the eruptive fevers, or pneumonia. In one case delirium due to the toxic action of belladonna apparently started the insanity. Another was the case of a man whose heredity was markedly neurotic, and who was easily "upset" by alcohol. While recovering from acute mania, chloroform was administered in order that an injured hand could be examined. While under the influence of the anæsthetic his old maniacal ideas recurred, but disappeared with the anæsthesia.

In another case, a lady suffering with an acquired neurosis, it is recorded that, two years after recovering from her first attack of acute mania, she was put under the influence of chloroform in order to see if contractions of the limbs could be relieved. It was decided that nothing could be done; and a second attack of mania ensued; which the author attributes to the chloroform, but which appears to us to be more probably due to the excitement and the subsequent disappointment in learning that she could not be benefited by treatment.

The third case was that of an elderly patient who was operated upon, under ether, for rectal cancer. When the patient became conscious his mind was found to be affected. After a considerable time he recovered suddenly, some time after returning home from the asylum.

In this case, also, we fail to see sufficient reason for attributing the mental aberration to the anæsthetic. The sudden recovery from dementia, following a more active form of madness, some weeks after returning home from the asylum, is not at all surprising. We fear that many cases of acute mania end in dementia, which could be transmuted into a cure by intelligent care.

The fourth case was that of a married woman, a chronic drinker, who had taken gas at her dentist's. She did not recover from the anæsthetic, but became delirious, and after three weeks settled down into dementia; in this state she still remains, silly and fat.

A question impossible to settle is in what proportion the habit of alcoholic indulgence (so fatal to women), and the use of nitrous oxide, contributed to the causation of the maniacal attack. Such an ending is by no means unlikely to a secret drinker, even without the intervention of the anæsthetic. In any event, all that can be attributed to the latter is the part of the spark in kindling the fire in a train which has

been already prepared. In somewhat similar cases we have seen a restoration of reason follow the energetic use of strychnine, galvanism and massage. Just as the anæsthetic excites mania in one whose indulgence has prepared her for it, so a vigorous treatment may dissipate the dementia which succeeds on the subsidence of the acute disorder.

In conclusion, the author cites cases of insanity following ovariotomy or parturition, and of general paralysis following the use of anæsthetics.

Altogether, none of the instances cited afford sufficient proof that the anæsthetics, *per se*, had anything to do with the occurrence of insanity afterwards; while the vast number of cases in which the administration of these agents is not followed by anything of the sort, goes to show that insanity is but an accidental sequence of anæsthesia. But the tendency on the part of officers of insane asylums to look upon their institutions as places of detention rather than of cure, and to be satisfied when a troublesome maniac becomes quiet, is so great that we welcome any evidence of more than usually careful study of their cases. For this, at least, Dr. Savage is to be commended. W. F. W.

M. LEON BASSEREAU.

THERE died a few weeks ago in Paris one of that group of great syphilographers whose work has made France preëminent in the study of venereal and especially of syphilitic disease.

Léon Basséreau, born in 1810, a pupil of Ricord, who still lives and practices, and his Interne at the hospital, published in 1852 his famous treatise on "The Affections of the Skin Symptomatic of Syphilis." In this work, based, in the first place, upon the writings of the famous syphilographers of the sixteenth century, and, secondly, upon exact clinical research, Basséreau sought the causes which, in a certain number of cases only, determined the generalization of syphilitic symptoms, and ascertained that induration is so frequent in chancres followed by the syphilodermata that a close connection between this induration and the consecutive eruption must be conceded.

This conclusion is precisely that which Benedetti and Jean de Vigo had arrived at three centuries previously, in noting the livid aspect and indurated callous base of those ulcers which were the precursors of the general eruptions of syphilis.

It remained however to ascertain the true cause of infection as well as that of the primary cause of the induration of chancres, and this Basséreau did by "confrontation," *i. e.*, by examining first the receiver of the syphilis and then the giver in as many instances as it could be done. As a result of this confrontation, Basséreau was able to formulate the law, "Each time that an individual has a chancre followed by general symptoms this generalization results from the fact that the person from whom the infection was received has himself had a chancre followed by general symptoms." From this discovery naturally it had to be admitted that there are two distinct kinds of chancres, infecting, or true chancre, and non-infecting, simple sore or chancroid.

Basséreau, therefore, was the author of dualism, which was finally admitted in France when Rollet had explained by the theory of mixed chancre a number of cases which appeared to be in opposition to this doctrine.

Basséreau's fame rests upon this one work. In addition, he published a "memoir on the influence of iodide of potassium in syphilitic affections,"

but no other work of importance. He was not a specialist, but a general practitioner, and continued such until his sixty-third year, when his son, Edmond Bassereau, a talented young physician who had a year or so before entered upon a career which promised to be as brilliant as his father's, by the publication of a thesis upon "the origin of syphilis," died untimely. This unhappy event broke down Bassereau's health, and he retired from active practice, passing the remainder of his life in retirement, until his death, Nov. 1st, 1887, at the age of seventy-seven.

A. V. H.

Dr. C. F. Markel, a prominent druggist of Columbia, Pa., and his clerk, have been arrested, being charged with causing the death of J. N. Wonder by dispensing morphine in mistake for quinine, the fatal result being due to an overdose of morphine The arrest was due to the watchfulness of the physician of the Pennsylvania R. R. Relief Department, who, being struck with the suspicious circumstances of the death, had the supposed quinine analyzed.

Seasonable.—We tender the compliments of the season to our readers, and wish them a Happy New Year. If any one should ask us the secret of prosperity, we would feel inclined to tell him, as politely as possible, to "mind his own business."

LETTERS FROM SPECIAL CORRESPONDENTS.

LONDON.

THE COLLEGE OF SURGEONS AND ITS FELLOWS AND MEMBERS—THE INFECTIVITY AND CURABILITY OF CANCER AND CANCEROUS DISEASES (MORTON LECTURE)—THE INCREASE OF CANCER IN GREAT BRITAIN—THE ETIOLOGICAL IDENTITY OF TUBERCULOSIS AND SCROFULA.

The quarrel between the Council of the Royal College of Surgeons and the Fellows and Members of that institution is passing into a yet more acute stage. The Council has applied to the Privy Council for a supplemental charter; the Fellows and Members oppose the grant unless their grievances are set right in it. At the annual meeting of the College, held on November 3d, a resolution to this effect was proposed by Mr. Timothy Holmes, and carried almost unanimously. Mr. Savory, the Chairman of the meeting and President of the College, undertook to lay the resolutions before the Council, with the request that they should be transmitted to the Privy Council, but refused to transmit them direct. In so refusing he committed another of those blunders which have been so common during his administration; as Chairman of the meeting it was quite within his power to transmit the resolution without in any way endorsing it, and, by so doing, it is of course evident that he would have greatly strengthened his own case before the Privy Council. What has actually happened is that the Council met to consider the matter on the evening of November 10th, and decided to send the resolution to the Privy Council; but the concession was forestalled by the action of the Lord President of the Privy Council, who received two influential deputations on the following day, one from the Association of Fellows and the other from the Association of Members, which laid the whole case before him at great length. Dr. Timothy Holmes and Mr. Tweedy spoke for the Fellows; for the Members Mr. Ernest Hart made a lengthy historical speech, and contended that the meetings of the Fellows and Members were "meetings of the College," and that the Council had no power to over-ride the decisions of such meetings. As an observer who has taken no part in the agitation, it appears to me impossible to doubt which way victory will eventually go; the Members have got a strong case, the Fellows have a stronger, the Council itself is no longer unanimous, and the conservatives in the Council appear bent on committing every blunder in tactics which it is possible for them to perpetrate; our government is now more unrestrainedly democratic than that of any country in the world except France, and even if

the Privy Council risked an unpopular act to gratify personal friendships, the Ministry of whatever complexion would quickly reverse its decision so soon as it appeared that a considerable body of Members of Parliament disapproved.

Mr. Morton, a layman, recently endowed a lectureship at the Royal College of Surgeons for the better study of cancer and cancerous diseases; and the first Morton lecture was delivered by Sir James Paget on November 11th. The lecturer said that the generous founder has doubtless entertained the hope that some method for the prevention or cure of cancer and cancerous diseases might eventually be found. Sir James Paget thought that we might justly hope to find a remedy, and that one most hopeful mode of search was a study of the relations of cancer to other "groups of diseases," the simple or innocent tumors, and the specific (micro-parasitic) diseases. His argument was necessarily largely based on hypothetical considerations, and was not concerned with structural or microscopical peculiarities; rather its basis in fact was to be found in the general biological characters of the whole group of cancerous diseases. It was by these biological characters more than by the histological or the chemical, as far as yet discovered, that the affinities of cancers to the innocent tumors, on the one hand, and the specific diseases on the other might be judged. The specific diseases might be roughly arranged in groups, and the group by which the conformity of cancers and cancerous diseases might be tested was one that includes, as its chief members, syphilis, tuberculosis, glanders, leprosy, and actinomycosis, each of which is known to have a distinct micro-parasite. Sir James Paget then proceeded to trace the broad points of resemblance between these diseases, all included by Virchow among tumors under the name of granulomata, and the cancerous diseases; the granulomata differed from one another in their characteristic methods of growing, of degenerating and ulcerating about as much as any one of them from cancer. The granulomata were inoculable, and also infective; the cancers had never been inoculated, but they were infective, extending to distant parts of the body by the transmission of materials though the blood vessels or lymphatics. He argued strongly against the local origin of cancer, contending that as we know that in tuberculosis, syphilis, and the other granulomata there is, for each, a specific morbid material in the blood, so we should believe that there is at least one in cancer and cancerous diseases. Irritation, injury, degeneration render the parts less able to maintain themselves in health, less able to resist the invasion of any morbid material in the blood which may be brought in contact with them; but the agencies are not in themselves efficient causes, for in many persons they were ineffective.

"To suppose," he said, "that any previously healthy part could, of itself, or in direct consequence of any ordinary change affecting it alone, so definitely alter its method of life, its shape and structure, its manner of growing and degenerating, as to become cancerous; and, still further, to suppose that all parts, however unlike in health, could change themselves into likeness as cancers; all this would be to assume more than can be matched in all the range of sure pathology or of natural history." He again illustrated his subject by a reference to vegetable pathology. The xylomata, or woody tumors, often seen on trees, especially on bushes and cedars, and due to buds, or "sleeping eyes," which have remained for a time dormant within normal structures, and have then begun to grow, illustrated the apparently spontaneous production of the innocent tumors from germinal structures delayed in their development. While the galls illustrated the influence of a virus in exciting morbid growth, each insect produced a peculiar and characteristic form of gall, found, it might be, only on special parts of the vegetables attacked, —a fact which was used to illustrate the proposition that each virus requires a susceptible and fitting place and substance; the preference of cancer for certain localities was thus explained by assuming a special local susceptibility, which it was suggested might be the hereditary element in cancer. In conclusion, he contended that as there was so great "likeness and so

little unlikeness between these diseases and the specific with which he had compared them, we may expect equal likeness in respect of the material on which they essentially depend. If it be so, then we may justly hope that by careful study, both clinical and experimental, we may find the morbid material, microbe, or ptomaine, or one or more of their products to which cancer is due. And, if this be attained, then may we hope to be much nearer to a remedy, preventive or curative."

"I do not believe," he said in conclusion, "that any medicine yet used has ever cured a case in which the diagnosis of cancer was certain. Can such an one be reasonably hoped for? Yes, and the more so if we may count cancer among the specific diseases, for it is of some of these that we most surely have remedies more nearly complete than we have of any other disease whatever. The name commonly used of specific medicines may tell this."

I have treated the lecture at somewhat unusual length, because Sir James Paget has ventured to say in public, what younger and less eminent pathologists have hardly dared to utter; yet the main thought has been in the minds of many for years. The resemblances between the granulomata and the cancer, so ably stated by him, are too striking to have escaped the attention of any person who has had extended opportunities of studing pathology, and witnessing many *post-mortem* examinations. Of the great interest of the question there can be no doubt; and it is not likely to grow less; the returns of the Registrars-General for England and for Ireland show that the mortality from cancer is, apparently at least, rapidly increasing. The council of the Medical Association, at its last meeting, addressed a letter to the Registrar-General for England asking him to take steps to test the suggestion made in one of his reports, viz.: that the increase in the returns is due to "improved diagnosis, and more careful statement of cause. The letter, which was drawn up by Mr. Butler, contains arguments founded on the Registrar-General's statistics which certainly make against his conclusion; Mr. Butler thinks, and his views have now been officially endorsed by the Council of the British Medical Association, that the only reasonable prospect of discovering whether the increase is real or apparent, lies in the tabulation, through a course of years, of the cancers of each part of the body separately; if it were found that there was an increase in the returns of internal cancer, while the number of external cancers remained stationary, that would confirm the Registrar-General's suggestion of increased accuracy of diagnosis; whereas an increase in the number of deaths from cancer of all parts of the body alike, or a decided increase in the number of cancers of external parts would show that there was a real increase of the disease; since fatal diseases of external parts are so few, that errors in diagnosis could not materially affect the statistical results.

The clinical and pathological differences between well-marked tuberculosis and ordinary scrofula are admittedly so important that it was for some time a favorite doctrine with a certain school that the two processes were also etiologically distinct. Many of those who have given most attention to the study of phthisis pulmonosis and to scrofula have arrived at a contrary opinion, which has been confirmed and strengthened by Koch's observations as to the distribution of the bacillus tuberculosis. Mr. Frederick Treves may be quoted as a surgical authority on this point, and the medical side has been well expressed in Dr. Theodore Williams' new edition of the well-known work on *Pulmonary Consumption*, written by his father and himself: "One great gain," flowing from Koch's discovery, "has been to establish the unity of phthisis on a firm basis, and to break down all distinctions between phthisis, tubercle and scrofula, which, judging from the numerous connecting links furnished by clinical experience, we have long held to be artificial." A considerable number of experimenters, the present writer among the number, have produced tuberculosis in the rodents by inoculating them with portions of strumous glands, but there was still room for further research to establish that this sequence is invariable, the more so since Arloing has recently had some

unexpected results. He has found that while guinea-pigs developed tuberculosis when inoculated with glands from a certain case of struma, rabbits did not; and that rabbits, inoculated from the guinea-pigs, even in a second series, remained unaffected. Mr. F. Eve, with a view to test the question further, inoculated rabbits and guinea-pigs from ten cases of strumous glands, taken at hazard. Tuberculosis was produced in every instance but two; in one the inoculation was made into the subcutaneous tissue of a rabbit, and a chronic abscess, containing tubercle bacilli, formed, but tuberculosis did not ensue. In the other case, also a rabbit, no result was produced, but the gland never has undergone fibrous degeneration, and no bacilli could be found in it. No essential anatomical difference was observed between the lesions produced in the animals by strumous glands and true tubercle. The important differences observed, in a large proportion of cases in the human being, must, clinically, therefore, be looked for, according to Mr. Eve, not in a difference in the virulence of the virus, as suggested by M. Arloing, but in the varying power of resistance in the tissues of the infected person. The variations being due either to personal idiosyncrasy or to the mode of introduction of the virus, the influence of the lymphatic gland being, doubtless, the most important factor. We are as yet, however, by no means at the end of the question, and it seems to me that further experiments ought to be made on animals less susceptible than guinea-pigs; in them inoculation with tuberculous material invariably produces general tuberculosis with very great rapidity and remarkable uniformity. When, therefore, we desire to study the mode in which the tissues resist the invasion of the virus, it would appear to be proper to select some animal which possesses greater power of resistance. DAWSON WILLIAMS.

NOEGGERATH has advanced the proposition that women who have had gonorrhoea never thereafter conceive, owing to a condition of inflammation which he terms latent gonorrhoea.

ABSTRACTS AND GLEANINGS.

MATERNAL IMPRESSIONS.—DIXON, in an able and thoughtful paper in the *American Practitioner and News*, combats the views of Fordyce Barker concerning the effect of maternal impressions upon the fœtus. Dr. Dixon believes that "all of the so-called monstrosities, marks, etc., are the result of arrest of development or evolution, pressure by amniotic bands, pressure by umbilical cord, adhesions of the placenta, or produced by some pathological condition of the fœtus or its membranes, or by heredity."

The Medical Press states that the English government is returning to the system of long service in India (twenty-one years) for their soldiers. It is found to be poor policy to send home a man who has become thoroughly inured to the climate, and replace him with a youngster who must spend a year or two in the hill sanitaria before he is of use.

A NOVEL SYMPTOM IN WASTING DISEASES.—The sulpho-cyanide of potassium in the saliva has been found by Fenwick to be reduced in amount or altogether absent in wasting diseases, such as phthisis, and the later stages of malignant disease, as well as in fevers. This may prove of use in the diagnosis of gastric cancer.

A sudden diminution indicates a depression in the vital powers. The only available method of gauging its amount is by measuring the intensity of the color when perchloride of iron is added.—(*Med. Press.*)

[This may prove of value in making examinations for life insurance, especially where there is a deficiency of weight, associated with gastric symptoms.—ED. P. M. T.]

A CURE FOR WRINKLES.—When well rubbed in, lanolin passes directly into the skin, and acts as a nutrient to the subjacent tissues, with the effect of smoothing out the folds produced by the attenuation of these structures incidental to age.—(*Med. Press.*)

W. MITCHELL BANKS recommends the application of the thermo-cautery for pruritus ani.

JABORANDI AS A GALACTOPHORE.—A Liege contemporary has called attention to the peculiar influence of jaborandi on the lacteal function. So marked is this said to be that spurious specimens of jaborandi are reported to have been detected owing to the absence of this property. At the same time its effect is only produced to advantage in a certain class of cases, the precise indications for its use not having been as yet ascertained. In the case of a strong woman, weighing over fifteen stone, whose milk secretion had ceased since more than a fortnight, ten drops of the fluid extract of jaborandi, given every four hours, secured an immediate return of the secretion. Things went on well for a time, but in the course of a few weeks the patient became subject to hallucinations and fits of violent excitement. The jaborandi was suppressed and the symptoms disappeared —and the milk with it.—*Med. Press.*

[We started this interesting observation on its travels by publishing it in *The Medical World*, last July, page 203. The case, which occurred in our private practice, will there be found detailed as above, the correspondence being too close for coincidence. We do not see that foreign travel has been productive of improvement; in fact, the only change to be noticed is that the child seems to have completely forgotten its parentage. W. F. W.]

ANTISEPTIC CANDLES are the latest novelty. They are made by combining iodine and salicylic acid, and incorporating with fats, paraffin or wax. Phenol is produced by the decomposition of the salicylic acid.

TATTOOING THE COURSE OF THE ARTERIES IN SOLDIERS.—An army surgeon in France proposes that the course of the principal arteries be tattooed on each soldier's body, so that, in case of his receiving wounds when surgical aid is not at once available, he would know where to apply pressure to prevent death from hemorrhage. "First aid" classes would supersede the necessity for so painful a proceeding, according to a recent issue of the *British Medical Journal*. If "first aid" classes could be made to include all who could possibly be wounded, or called upon to help the wounded, and if those so taught were to comprehend and remember their instructions, the tattooing would be unnecessary; otherwise the idea has some merit. In case of abnormal distribution of the arteries, it would be much more satisfactory to the soldier were this known in time to save his life, rather than demonstrated at the autopsy.

IODOFORM NOT A GERMICIDE.—Jeffries, in the *American Journal of the Medical Sciences*, details the results of some hundreds of experiments upon the action of iodoform in preventing bacterial growth. The experiments were made under the rules laid down by the Hygienic Institute at Berlin. The conclusions reached are as follows:

Iodoform has no direct action as a germicide, but retards the growth of bacteria.

Iodoform is not suitable for procuring asepsis of instruments, materials or wounds.

It is allowable in infected wounds, where the true germicides are contra-indicated.

It tends to stop serous oozing, and may be indicated where moisture threatens the integrity of aseptic or antiseptic dressings.

ELECTRICITY INSTEAD OF HANGING.—In an interesting article in the *Med. and Surg. Reporter*, Dr. Blackwood advocates the substitution of electricity for the present primitive and barbarous methods of hanging criminals. The application can be made with ease, and a swift and painless death ensues.

PAPAYOTIN IN DIPHTHERIA.—In the *Weekly Medical Review*, Bauduy warmly commends the use of papayotin in diphtheria. He reduces the powder to a paste with water, slightly acidulated with lactic acid, and applies every quarter to half hour with a camel's hair brush. In nasal diphtheria he uses the spray.

FRACTURE OF THE OLECRANON PROCESS.—In the *Canada Lancet*, Mackey records a case of successfully wiring a fractured olecranon ten weeks after the accident. Flexion, extension, induction and supination were completely restored.

SALOL.—Dr. Thorner, in the *Cincinnati Lancet-Clinic*, gives a resumé of the salol literature, and appends his own experience with this drug. He found it of use in rheumatic pharyngitis, when given in doses of ten to fifteen grains thrice daily. In follicular tonsillitis the action was beneficial, but less rapid. In rheumatic torticollis the effect was very pronounced.

In otalgia nervosa and in otitis media, great relief followed the administration of 10-grain doses. Two cases of ciliary neuralgia and two of rheumatic iritis were relieved promptly by salol, although salicylate of sodium had failed in the latter cases.

In acute trachoma, with ulcerative pannus, the patient was able to dispense with morphine, the salol affording prompt and permanent relief.

In one case of acute catarrhal conjunctivitis, which relapsed for months in spite of the salicylate, salol effected a rapid cure, which proved permanent.

AN ADVANCE IN SURGICAL DRESSINGS.—Laplace has proved that when a sublimate solution comes in contact with an albuminous fluid the precipitate of coagulated albumen is devoid of germicidal power, as is also the supernatant fluid. He found that by adding five parts of hydrochloric acid to 1000 parts of sublimate solution (1–1000), the insoluble albuminous precipitate will not form, while the germicidal power of the solution is increased. —(*N. O. Med. and Surg. Journal.*)

REVIEWS AND BOOK NOTICES.

THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES. Published monthly. Edited by I. MINIS HAYS, A.M., M.D. Philadelphia: Lea Brothers & Co., 1888.

The *American Journal of the Medical Sciences* celebrates the beginning of the new year by dropping the word International from its title and appearing as a monthly.

The change seems a necessary and desirable one, as the day for quarterlies is past. The typography and the general appearance of the journal are all that could be expected, even from such veteran publishers as Messrs. Lea Brothers & Co. A number of pages of general advertisements appear for the first time in the history of that journal.

The reading pages contain six original articles, fifteen reviews and seventy-four abstracts divided among eight departments. Among those who appear in charge of the departments are some well-known and respected Philadelphia physicians. Having said this much, we may be pardoned for adverting to a matter which may have a serious bearing upon the future success of the new monthly. Out of the large number of excerpts which it contains, but one is taken from a journal which did not oppose the late Congress. This may have been, as we sincerely hope, simply accidental. The succeeding numbers will show whether this is the case, or whether the editorial management of the *American Journal of the Medical Sciences* intends to ignore the labors of the great majority of its countrymen and make it simply the organ of a clique.

We have always looked upon the *American Journal* as being what its name implies, the honored Nestor of medical journals, a dignified publication with a standard too purely scientific to allow personal feeling to influence its course. Such should in truth be that journal which claims the distinction of being the leading exponent of the American medical profession. But if its editors propose to systematically exclude all who differed with them concerning the late Congress, if the journal steps down from its elevated position into the arena of personal controversy, we must augur but a limited degree of success for its new venture.

The Editors of the PHILADELPHIA MEDICAL TIMES have their own convictions, which they are not slow to express when occasion offers. But this does not render them incapable of appreciating the good in others, nor has it prevented them from opening their columns to those who differ from them. Since the present management took charge of THE TIMES, there has not been a single issue of this journal which has not contained contributions from opponents

of the Congress as well as its advocates. We have sought everywhere for the best materials to offer to our readers, without caring to ask whether the writers were friends or foes of the Congress, or with which college or clique they were connected. Being the only medical journal which bears the name of Philadelphia in its title, we have sought to fairly represent the profession of this city. Anything like the pettifogging weakness of proscribing the writings of all who disagree with us cannot be charged against us.

We sincerely hope that our forecast will prove groundless, and the editors of the *American Journal* will endeavor to make it still deserve its title by giving her readers something more than abstracts from foreign journals and from the handful of home publications which opposed the Congress. We hope that by throwing their influence in favor of harmony in the profession they may win the approbation and support of physicians of all shades of opinion. W.F.W.

LETTERS TO THE EDITORS.

It is the earnest desire of the Editors to increase the usefulness of this Journal, and to render it a practical helper to its readers. One method of accomplishing this end is to open a column devoted to letters to the Editors. Short, concise papers upon medical subjects, records of cases worth being reported, and queries on any medical subject are requested.

INTRACTABLE NEURALGIA.

Editors MEDICAL TIMES:

Sirs:—In your issue for Oct. 15th, you mention "neuralgia of the left shoulder affecting the nerve of Wrisberg as being very intractable." I had a case of the kind last year (January, 1887), and could not find it described or even mentioned in any medical or surgical work, except in *Ranney's Medical Anatomy*, New York, 1882. The patient was affected with repeated attacks of pains that came on every afternoon, and were most intense in the left shoulder, and inter-scapular region. The diagnosis was obscure, and although heart disease, aneurism, and the existence of malignant disease were suspected, nothing of the kind could be positively detected after a careful differentiation of all the physical signs that were manifest in the patient. Several excellent clinicians of the profession were consulted, but none of them could give any clear opinion as to any existing organic disease being present sufficient to cause the regular recurring pains that manifested themselves every afternoon. Some months previous to this date, I treated the patient for certain distressing attacks that would come on suddenly, like "hidden seizures," and which I diagnosticated as probably caused by gall stones. With diet, mineral waters, and other treatment, these painful manifestations left her, and, finally, the attacks of inter-scapular neuralgia set in, commencing about the first of October and terminating fatally, February 16th following. After she came under my treatment a second time, one month before her death, everything that science and experience could suggest was done for her (she had a trained nurse to attend her), but nothing would avail in the least to alleviate her distressing pains, except hypodermics of morphine.

On February 16th, an attack of the pains set in as usual towards evening, and a slight delay was made in giving the hypodermic; this seemed to exasperate her, and she gave way to a fit of passion and passed away before the injection could be given. I left St. Louis for California, a day or two before her death, and she was attended by an excellent and experienced physician, who was trying to induce her to use as little of the hypodermic as possible, when the patient became greatly chagrined, and, as I stated, went into a collapse and died. No post mortem was granted. Patient was a married lady, aged 48, in excellent circumstances, of the better class, and having everything to live for.

At the present time, I am attending a lady aged 47, married, who has the same kind of an attack of a recurring neuralgia in the inter-scapular region, and affecting the shoulder. With this patient it apparently starts from a strong pulsation of the aorta that seems to be constant, and she insists that all

of the pains in the back come from this last-mentioned trouble in the aorta. I cannot detect the existence of an aneurism or any very abnormal action of the heart; and all that I can make out of the case is that probably some intrathoracic tumor (possibly mediastinal) may exist that causes all the trouble. It is my opinion that in the first case some internal growth existed, and possibly of a malignant nature; but her sudden demise was entirely unexpected, and is to me inexplicable. Dr. Ranney, *loc. cit.*, says: "It seems probable that pains experienced in the region of the scapula, by patients afflicted with diseases of the digestive organs, are referable in some way to the greater splanchnic nerve, and it is in connection with the nerves of the dorsal region that pain is a more valuable guide than in almost any other portion of the body. It is natural that the medical attendant, unless his attention has been directed to this fact, will attribute the pain to some fanciful cause in the locality of that pain, or to some general diagnosis of neuralgia, malaria, etc., when an anatomical knowledge might direct him aright, both in diagnosis and treatment. The lessons taught by anatomy are of a most practical character, and worthy of the study of those old in the practice of physics."

These admonitions of Dr. Ranney are excellent, and only teach us the necessity of always making a careful diagnosis *whenever it is possible.* Messrs. Editors, will you kindly give your readers a few items regarding this form of neuralgia?

T. Griswold Comstock, A.M., M.D.
507 N. Fourteenth St., St. Louis.

IS EXTIRPATION OF THE UTERUS FOR CANCER A JUSTIFIABLE OPERATION?

THE operation of total extirpation of the uterus for the cure of cancer seems to be at the present time the uppermost thought in the minds of a few surgeons at home and abroad. It sounds to me as being very unsurgical when they say that the operation of total extirpation of the uterus should be resorted to, even if there exist a general infiltration of cancerous material through the cellular tissue. I do not wish to appear as being severe in criticizing those surgeons who hold to above views. In their eagerness to pose as star actors in the performance of this surgical monstrosity, they have forgotten their knowledge of morbid anatomy and pathology, and have thus rendered themselves wholly void of the first principles of surgery. It has very recently been said by Dr. Dirner, of Austria, that every woman with a cancer of the uterus is a shipwrecked patient, and should submit at once to the operation of total extirpation of the uterus as affording the only chance of effecting a cure. I should like to ask this life-saving surgeon, if it is not a matter of fact in his efforts to rescue the victim from the wreck that a little later on theyare caught in the surf, thus bringing to a close this surgical tragedy.

Prof. Shanta, of Prague, says that if the operation is to be undertaken at all it should be performed early, while the surgeon can be sure of operating in healthy tissue. Have we any assurance of operating in healthy tissue in the immediate proximity of a cancer? Have we to-day on earth a surgeon who has acuteness of sight sufficiently developed to enable him to discern when daylight ends and twilight commences? Can they who favor this operation of total extirpation of the uterus for the cure of cancer, promise more for its good behavior in the future then the one who removes a cancerous testicle, or the oculist who enucleates an eye under similar circumstances? What can be said of one will equally apply to all. In my judgment the operation of total extirpation of the uterus is doomed to die the death of the one conceived and executed by Billroth a few years ago for the cure of cancer of the stomach; they cannot survive long, from the fact that they are founded on a faulty pathology. When shall this surgical farce be brought to a close and something like rational treatment instituted? I may say not until the pathologists can read now the hidden secret of this most fatal of all diseases, and then and not sooner can we proceed to the treatment with any assur-

ance of accomplishing a cure, or even staying its progress.

It is to our shame that we are obliged to acknowledged the fact that the origin of cancer remains to-day in precisely the same unsatisfactory condition as it did a century or more ago. With this gloomy outlook before us our treatment must remain in the future as in the past. First, relieve pain, secure sleep, lessen discharges and otherwise improve the general condition of our patients; and by so doing we will best serve the interests of the victims who place their lives in our keeping. Now, in all kindness to those who resort to this operation of total extirpation of the uterus, with the view of curing cancer, let me say to them that by removing a cancerous uterus they leave behind undisturbed the very elements of this disease.

Z. H. EVANS, M. D.

Bay City, Michigan.

MISCELLANY.

THE METHODIST EPISCOPAL GENERAL HOSPITAL, the first in the United States, was opened in New York City on the 15th inst. Prof. H. C. Wood, M.D., of the University of Pennsylvania, delivered the oration from which we take the following:

"Christianity teaches the brotherhood of the race; charity binds the helper to the helped; and yet, in the centuries that have elapsed since the coming of the great Teacher, classes of men have not drawn much closer together. The very poor and the very rich seem separated by a gulf almost as wide as that which stretched between them in centuries gone-by; but we must be patient in continuous well-doing; and especially is such a duty laid upon us as citizens of the United States, a country in which, above all others, classes of men are joined to gether by a common interest, and in which the fundamental idea of government is to leave the relief of poverty and sorrow very largely to the spontaneous outworkings of private individual and combined effort. There are, indeed, two great problems—one industrial, one philanthropic—which confront the American people, and for which some proper solution must be found if our country is to be in the future as it has been in the past the hope of the nations. As philanthropists, as hospital friends and managers, we are not here to-day to discuss the industrial question, the labor problem, and yet our action bears directly on its solution. To provide care for the laborer in his hours of pain and disablement is to make one step towards satisfying him when in health. As philanthropists, we are especially interested to-day in the second great problem of the times, namely, how to provide for the poor without causing pauperization. Thrice blessed may the giving be to the giver, but how often thrice accursed is it to the receiver. The gift which robs a man of his self-respect or breeds in him the spirit of dependence tampers with the very foundations of his morale, and brings in its train evil results far greater than the absolute suffering which it may temporarily relieve.

"There are two charities which, in my thought, have always linked themselves together, and which are doubly valuable, because not only do they not increase the spirit of dependence, but also do they return in absolute money value, to the community by which they are bestowed, far more than the original outlay. One of these charities is the nurture and education of the young whose parents are not able to take care of them; the other is providing for medical treatment of the sick and wounded poor. Thousands of people, who during health live more or less comfortably, meeting by the daily effort the daily wants, accumulate no reserve. There is another class who are able to save just a little; if sickness comes to the head of such a family, the daily income shrinks and perhaps disappears, whilst the nurse's, the druggist's and the doctor's bills grow apace. Perhaps it is impossible for the sick man to obtain what he needs; or if this be done, in a very short time the savings of months are swept away or a load of debt accumulated which paralyzes the energy, and makes the after struggle for sustenance seem hopeless. The aid which comes to a man, in a time like this, is to him like the hand of Provi-

dence reached down to raise him out of an impending gulf, from which otherwise there was no escape, and when health returns there is no feeling that in time of health relief should be afforded. The man is strengthened, not weakened, for his daily struggle with fate.

"More than this, I stand here to-day not merely to claim that the properly administered hospital accomplishes good without destroying the self-respect of the working-man, but to assert that the laboring man has the right to demand of the rich that he be taken care of during sickness, and that the community which defrauds the laborer of this just right must some day reap the rewards of its wickedness. The wealth of a community is accumulated upon the foundation of the toil of the so-called lower classes, and the occupation of these classes of necessity is connected with exposure and with danger. Out of these classes are drawn the victims of a modern civilization—a Minotaur which daily must be fed with human sacrifice. The torrent of commerce, hurrying along the iron highways which net-work the continent, crushes and mangles as it goes. The machinery that fills the land with the whirr of its life, has its record of torn limbs and broken bodies; the building of the very bridge that joins city to city adds a new and fatal disease to the over-burdened list of human ailments. No great engineering work is accomplished, no great manufactory grows and blesses a nation, no tide of commerce ebbs and flows, but that the seal of its success is human blood and human life. When the mangled artisan is carried through the gates of the hospital, he goes not as a pauper to receive the dole of charity, but as a man claiming from civilization a measure of relief for that calamity with which it has cursed him. The law of the universe seems to be that the race is to be developed by the sufferings of the individual- Hundreds of animals die in struggle with their surroundings that a new species higher in organization may be evolved. The individual man must suffer in body and mind that the whole race may be upheaved, but surely in the day of his sufferings he has the right to claim that the race which is being perfected by his sacrifice shall minister unto him.

"Not, however, as a philanthropic enterprise which is without alloy in the good that it accomplishes would I ask you to think of the hospital to-day, but rather as a business investment, into which the wise community will not hesitate to put a portion of its capital. No art or science is to-day cultivated with an intensity of purpose equal to that which dominates the medical profession. Not long ago I took the trouble to go over the record of the world's medical writing, and found that in the year 1885 no less than fifteen thousand doctors wrote articles or books upon medical subjects. The success is almost equaled by the activity; but, unfortunately, as power over disease grows, so do the processes of cure become more and more expensive. The simple herb of our forefathers is replaced by massage, electricity, and a host of appliances and processes whose use requires the expenditure of large sums of money. Even if the physician gives his services for nothing, but too often it is impossible for the person in limited circumstances to carry out his direction. The inability to command the best skill and the most expensive processes of medical treatment ofttimes means protracted illness and personal disability which might have been avoided.

"The hospital which offers to the poor the best medical skill gives back to the community that supports it a hundredfold in the return of the worker in good condition to his labor. Even the simplest machine with which the farmer cultivates the soil must from time to time be taken to the shop for repair, and it is inevitable that the human unit, the machine with which the processes of civilization are carried on, must also be repaired. An unskilful, badly organized shop entails waste of time and imperfect repair, and the mechanic knows full well the gain of sending his tools to that establishment which is best provided and best organized.

"Is it not the more necessary that the most delicate human machine should have, when disabled, the best of care, that it may be returned to the work

that is before it with the least delay and in the fittest condition? There is still another side of this question to which I would like to direct your especial attention. I have already spoken of the great advance of modern medicine, an advance which brings to all increase of health and length of life. All advances of medicine are made through the physiological laboratory and the hospital; neither of these workshops by itself suffices; in the one is perfected the materials which are roughhewn in the other. There are in every Anglo-Saxon community well-intentioned but not overwise persons the outcry of whose life is against the physiological laboratory. It would take us widely from the thoughts of the present moment to enter into any detailed discussion or defense of vivisection. Yet a few words seem in place. Medicine is an experimental science; all advance must come through experiments, and for the purpose of experimentation it is necessary to be able to vary the conditions of the experiment. The chemist adds two mixtures one to the other, and cause a new precipitate. To determine the nature of that precipitate he must be able to abstract from the mixtures one substance after another, until he finds what it is that causes the reaction. We cannot vary the conditions of our experiments upon the human being beyond certain limits. We are not justified in making upon the human being any experiments which possibly may be dangerous or capable of harm; but in the animal we can almost at will vary the conditions, and with perfect justification may make experiments that sacrifice life. After the subject has been worked out upon the animal, and we have learned what we can do, then can we apply our new knowledge in the hospital, and develop the exact nature and scope of the new power which has been acquired. I am anxious that I shall not here be misunderstood. The sick in the hospital almost universally are as carefully and as thoroughly treated as are the rich in their sick chamber; but they are more massed together, so that time can be given by the physician to a number of cases of the same character. They are under more constant medical surveillance, so that the effect of remedies can be watched from hour to hour, and they are more completely under the command of the physician—conditions which are imperative when new methods of treatment are to be instituted.

"It is in the physiological laboratory that the under-lying science of new methods is worked out, and safety for their employment in disease assured.

"Will you pardon me an illustration from my own experience? Hearing that a certain Texan bean was in former times used by the Indians as an intoxicant, I procured a supply, and discovered its active principle an alkaloid. On experimenting on the dog, I found, however, that although this principle did affect the brain somewhat as morphia does, it had also other actions which forbade its use in practical medicine, and the drug was rejected. Another time there came to me the thought that possibly an alkaloid which a German chemist had just discovered might be useful in practical medicine. Testing it upon the dog, I found that it caused deep sleep without interfering with heart, lungs, or other vital organs. In my wards at the University Hospital was a case of acute mania of the wildest type, with perpetual delirium and sleeplessness, over which the ordinary narcotics had no control. Applying to the human being my knowledge of the action of the new drug, acquired by studies on the lower animals, I had the happiness to see in a few moments quiet and calm repose spreading over the chaos of furious fighting, and a valuable narcotic, now used in every part of the civilized globe, was added to the *materia medica*. In South Africa the little bushman, crouching behind a rock, shoots his tiny poisoned arrow in the passing animal or the assaulting enemy with no uncertain result. Some years ago such an arrow fell into the hands of Professor Fraser, of Edinburgh; scraping from its points the deadly material, he was able to perceive, by experiments upon the lower animals, that it had a powerful action upon the heart. Years passed by, and, as the result of inquiry set on foot by Professor Fraser, a commercial supply of the poison was obtained, and the

very plant which yielded it was made out. To-day the tincture of strophanthus, the arrow poison of the African savage, brings relief into the palace because, through the physiological laboratory and through the hospital, Professor Fraser worked out its action.

"Then, again, the hospital pays the community because it is the training school of the individual physician. The man who holds his highest place in the profession holds it by virtue of the weeks and months and years of conscientious labor performed without direct recompense in the wards of the hospital, and it is in these wards that he passes down to successive generations of pupils the grains of truth he has so laboriously gathered. If there were no human suffering to be relieved, if there were no heart to be comforted when crushed out by the processes of civilization if there were no workers to be sent back to labor, I insist that the hospital would be still a necessity in every community as the workshop in which the science and art of medicine is perfected, and as a school where medicine is taught, and the arena in which the individual physician is trained to the highest perfection."

"Races and Peoples."—Dr. D. G. Brinton delivered the third of the course of popular lectures at the Academy of Natural Sciences on December 23d. It was the second of his lectures on "Races and Peoples," and was devoted to a consideration of their history. The lecturer said that he held to the theory that man originated in a single centre, from which at some very remote period he was dispersed over the earth. We know that there is a concatenation of organic forms by which one group of forms gives rise to a higher. There being no anthropoid apes or allied fossils found in Australia or America would exclude them from consideration as the birthplace of man. The popular opinion is that man originated in Southern or Central Asia, but the opinion is growing that the species first existed in the Tertiary period in Western Europe or in the country that extended west of Western Europe. He then considered the five races separately. It has been a long-cherished delusion that America was peopled at a comparatively recent time. The American Indian race is probably as old as any of the other races, as gravel contemporary with the glacial period bears marks of the presence of man. Discoveries made in Ohio within the past two months confirm this theory. The race appears to have migrated from the north to the south, and then from the tropics back to the temperate zone, as is indicated by the transmission of tropical plants to the more northern parts of the country. The culture of the American race was developed in several important centres, but not to as great an extent as the races of Europe and Asia. It reached its maximum before the discovery of America. The discoverers found ruined cities whose builders were then unknown. The traditions of the nations themselves point to a far greater power than then existed. There were, altogether, one hundred and fifty linguistic stocks in North and South America, but only two or three rose to high culture. The most important in Central America was the Aztec or Mexican, which developed a culture in some respects strong and promising and in others lamentably defective, while in South America the Peruvians were most notable. These two bore aloft the standard of culture in the American race. The Oceanic race appears not to be of great antiquity, the most careful students not thinking that the eastern islands of the Polynesian Archipelago have been settled more than 1500 years. The inhabitants have traditions of islands to the west to them, but of none to the east. They are believed to have been populated from Southern Asia. At no time has the race raised itself to a high degree of culture. In Sumatra and Borneo we find a literature of some merit, but it is due to the influence of East India.

Between the African and Malayan races there must have been a large intermixture, as in Australia we find a cross between the two. The Papuans, of New Guinea, are typical members of the African race. In Southern Africa are the Hottentots or Bushmen, small of stature and with a language almost unique in its character, a large

part of its phonetic elements being inspirates. Immediately adjoining them are the Caffirs, a finely developed people with a harmonious language and a considerable culture. North of these are the typical Africans, the Soudan negroes, who have never attained any highly developed system of culture. The African elephant has never been tamed by the African people, nor have the latter ever succeeded unaided in constructing buildings of cut stone. The true Ethiopians are found at the head waters of the Nile, and are probably the result of an ancient intermixture of races.

The three races mentioned are often spoken of as the lower races, and the facts of history place them lower than the Asiatic or European.

The Asiatic race developed itself at some remote period in Central Asia. Its migrations have been extensive and aggressive. It is represented by the Tartars in the North and the Mongolians in the South. The Chinese people developed its culture very early, it being favored by the geography of the the country, three great rivers flowing toward the sea and fertilizing wide valleys, separated by high mountain ranges.

Long before the Christian era the Chinese had domesticated animals and cultivated the cereals. However, after reaching a certain degree of culture, they became subject to the Tartars, and are now at the mercy of the military power of their Tartar rulers. After the Tartar eruption the Finns, the Turks and the Magyars were left in Europe.

The European race has been the standard-bearer of the culture of the world. China, though early in its advance, did not influence the rest of the world, being shut off from it by its geographical situation. In certain quarters the opinion is held that the white race came into Europe from Asia. The first mention of the migration of human beings in Genesis, however, represents them as going toward the east. This also corresponds with the traditions of Greek and Roman authors. The Aryan branch is traced to a locality on a line which would connect the Black Sea with the Baltic. There are many reasons which might be given to show that the original home of the white race was in Europe. The only serious race conflict in Europe was the irruption of the Mongolians.

The next lecture of the course will be by Prof. Heilprin on "The Border-Land of Two Kingdoms—Plants and Animals," January 13th. Dr. Brinton will speak on "Races and People—Mastery," on January 27th.

QUARANTINE DOES NOT DEAL WITH THE MOST DANGEROUS DISEASES.—Relative to the persons who brought scarlet fever to Sutton's Bay, Michigan, and who came on the steamship Ohio, reaching New York, September 30th, 1887, Dr. Wm. M. Smith, Health Officer of the Port of New York, says:

"Developed cases of diphtheria and scarlatina arriving on vessels at this port are removed to Ward's Island. It is impossible under the law for the Health Officer, or the authorities at Castle Garden, to quarantine persons who have been exposed to the contagion of those diseases, consequently the sick on board vessels during the voyage, doubtless, often infect the relatives, or those with whom they come in contact * * * * and who carry the latent contagion to interior communities. I would be glad if the law allowed those exposed to the contagion of these diseases to be held for observation, as is the case when persons are exposed to the contagion of small-pox."

The instance mentioned above is an illustration of what Dr. Smith says; the child having been exposed during the voyage and taken sick with scarlet fever the day after arrival at New York; so the infected child went on its way, to spread scarlet fever. In Michigan, at least ten times as many deaths occur from either scarlet fever or diphtheria as from small-pox.

Is it not time that the whole subject of quarantine was investigated by the States, and by the United States Government, with a view to protecting the people of this country from the introduction of the really dangerous diseases?

HENRY B. BAKER, *Secretary.*

Office of the Secretary of the Michigan State Board of Health, Lansing, Michigan, November 3d, 1887.

EPIDEMIC INSURANCE MOVEMENT.—An excellent system of insurance against the small-pox prevalent in Sheffield has been set on foot by workmen in more than one factory. It having come to their knowledge that some of their fellow-workmen continued their attendance at the factory, although they came from infected houses, they called a meeting at which it was decided that pending the period of danger a levy should be made, amounting to 2½ per cent. of each man's average earnings, so as to provide a fund out of which any man coming from a house where there was small-pox could be paid his average weekly wages, until it was certified that there was no further risk of infection. The example is worthy of imitation for diseases other than small-pox.—*Lancet.*

The Thirty-ninth Annual Session of the Medical Society of the State of Pennsylvania will be held in Philadelphia, beginning Tuesday, June 5, 1888.

In order for the proper assignment of places on the programme, those who propose to read papers are requested to send the titles thereof, not later than April 15, to JOHN H. PACKARD,

Chairman of Committee of Arrangements,
1924 Spruce St., Philadelphia.

OBITUARY.

DR. ROBERT HILL CLARKE died at his home at Milford, Del., at noon, Dec. 20, from paralysis, at the age of 69 years. The deceased was a native of Milford, and graduated from the University of New York in 1844. In 1857 President Buchanan appointed him to the Paymaster's Department of the United States Navy, which position he filled until 1880, retiring with the rank of Commodore.

OFFICIAL LIST

OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM DEC. 4, 1887, TO DEC. 17, 1887.

MAJ. G. M. STERNBERG, SURGEON.—Assigned to duty as attending surgeon and examiner of recruits at Baltimore, Md.

MAJ. P. J. A. CLEARY, SURGEON.—Assigned to duty at Fort Wingate, N. M.

FIRST-LIEUT. C. L. G. ANDERSON, ASSISTANT-SURGEON.—Assigned to duty at Fort McDowell, Ariz.

CAPT. A. W. TAYLOR, ASSISTANT-SURGEON.—Assigned to duty at Fort Robinson, Neb.

CAPT. A. H. APPEL, ASSISTANT-SURGEON.—Assigned to duty at camp at Highwood, Ill., relieving Asst.-Surg. H. O. Perley.

CAPT. H. O. PERLEY, ASSISTANT-SURGEON.—Will rejoin his proper station (Fort Wayne, Mich.) S. O. 285, A. G. O., Dec. 8, 1887.

CAPT. JOHN VAN R. HOFF, ASSISTANT-SURGEON.—Granted leave of absence for one month, to take effect on or about the 12th proximo. S. O. 128, Dept. Mo., Nov. 30, 1887.

CAPT. BENJAMIN MUNDAY, ASSISTANT-SURGEON.—Granted leave of absence for one month, to take effect about Dec. 15, 1887. S. O. 280, A. G. O., Dec. 2, 1887.

FIRST-LIEUT. W. B. BANISTER, ASSISTANT-SURGEON.—Ordered to proceed at once from Fort Lowell, Ariz., to Fort Wingate, N. M., and report to the commanding officer for duty. S. O. 128, Dept. Ariz., Dec. 1, 1887.

FIRST-LIEUT. H. S. T. HARRIS, ASSISTANT-SURGEON.—Ordered from Fort McIntosh to Camp Pena Colorado, Texas.

FIRST-LIEUT. PAUL CLENDENIN, ASSISTANT-SURGEON.—Ordered from Camp Pena Colorado, Tex., to Fort McIntosh, Tex. S. O. 143, Dept. Texas, Dec. 12, 1887.

FIRST-LIEUT. J. M. CABELL, ASSISTANT-SURGEON.—Ordered for duty at Fort Niobrara, Neb. S. O. 286, A. G. O., Dec. 9, 1887.

CHANGES IN THE MEDICAL CORPS OF THE NAVY DURING THE WEEK ENDING DECEMBER 17, 1887.

MEDICAL INSPECTOR A. HUDSON.—Ordered to the "Trenton."

MEDICAL INSPECTOR N. L. BATES.—Detached from the "Trenton," and placed on waiting orders.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED DECEMBER 19, 1887.

MURRAY, R. D., SURGEON.—Granted leave of absence for fourteen days, Dec. 8, 1887.

GASSAWAY, J. M., SURGEON.—Granted leave of absence for fifteen days, to take effect when relieved, Dec. 17, 1887.

IRWIN, FAIRFAX, SURGEON.—Relieved from duty as Acting Chief Clerk, Office Supervising Surgeon-General, and to await orders.

CARRINGTON, P. M., ASSISTANT-SURGEON.—Ordered to examination for promotion, Dec. 14, 1887.

BROOKS, S. D., PASSED ASSISTANT-SURGEON.—Granted leave of absence for thirty days, to take effect when relieved, Dec. 15, 1887.

MCINTOSH, W. P., ASSISTANT-SURGEON.—To proceed to Wilmington, N. C., for temporary duty, Dec. 13, 1887.

MAGRUDER, G. M., ASSISTANT-SURGEON.—Granted leave of absence for twenty-one days, Dec. 19, 1887.